

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 720995**

1. Entity Name  
CORAL SPRINGS VILLAGE SQUARE ASSOCIATION, INC.



Principal Place of Business  
C/O FLORIDA TRUST REALTY  
210 N. UNIVERSITY DR., STE 200  
CORAL SPRINGS, FL 33071 US

Mailing Address  
C/O FLORIDA TRUST REALTY  
210 N. UNIVERSITY DR., STE 200  
CORAL SPRINGS, FL 33071 US



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1985880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

RAHAEL, GEORGE  
CORAL SPRINGS VILLAGE SQ. ASSOC INC  
2900 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	KULICK, WALTER
STREET ADDRESS	8733 NW 47 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33067

TITLE	PD
NAME	RAHAEL, GEORGE
STREET ADDRESS	2900 UNIVERSITY DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33065

TITLE	STD
NAME	DALE, WALLACE
STREET ADDRESS	2750 N.W. 107TH AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000825253  
02/21/08-80001-026 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George Rahael*

1-15-08

Date

954-753-8111

Daytime Phone #