

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 725390
 1. Entity Name
 CORAM GARDENS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O STATE REALTY
 5505 PEMBROKE ROAD
 HOLLYWOOD, FL 33021-8035

Mailing Address
 C/O STATE REALTY
 5505 PEMBROKE ROAD
 HOLLYWOOD, FL 33021-8035



01252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 65-0052861

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KEATING, JOHN D
 5505 PEMBROKE ROAD
 HOLLYWOOD, FL 33021

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

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KEATING, JOHN 5505 PEMBROKE ROAD HOLLYWOOD, FL 330218035 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BAPTISTE, OZMOND 490 N.W. 44 AVENUE PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PLAZAS, HELBER 5225 N.E. 2 AVENUE FT. LAUDERDALE, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/18/05-80049-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 3/15/05 DAYTIME PHONE #: 954-783-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. KEATING