
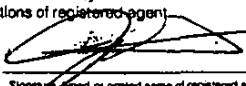
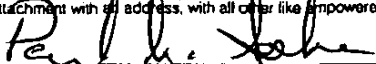


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

02-13-2007 90013 004 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0052861		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEATING, JOHN D 5505 PEMBROKE ROAD HOLLYWOOD, FL 33021		Name <u>JOHN KEATING</u> Street Address (P.O. Box Number is Not Applicable) <u>C/O STATE REALTY</u> <u>5505 Pembroke Rd</u> City <u>Hollywood</u> FL Zip Code <u>33021</u>	
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 <u>3/19/07</u>	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATING, JOHN 5505 PEMBROKE ROAD HOLLYWOOD, FL 330218035 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul SONN PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2458 S.W. 42 AVE 3-H PT. LAUDERDALE FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAPTISTE, OZMOND 490 N.W. 44 AVENUE PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARQUIN, DELIA 814 N GOLF DR HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: <u>3-19-07</u> DAYTIME PHONE #: <u>954 815 4967</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	



01052007 Chg-NP CR2E037 (12/06)