


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Apr 24, 2008 8:00 am
Secretary of State

03-13-2008 90031 048 ****61.25

DOCUMENT # 725390

1. Entity Name
CORAM GARDENS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



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

66007828



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

02242008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
65-0052861 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KEATING, JOHN-D
C/O STATE REALTY
5505 PEMBROKE ROAD
HOLLYWOOD, FL 33021

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when transferring) 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 Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	
NAME	SOHR, PAUL	NAME	
STREET ADDRESS	2458 SW 42ND AVE, 3-H	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	BAPTISTE, OZMOND	NAME	
STREET ADDRESS	490 N.W. 44 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE		TITLE	D
NAME		NAME	COLLEEN REILLY
STREET ADDRESS		STREET ADDRESS	13 Oak Tree Dr.
CITY-ST-ZIP		CITY-ST-ZIP	New Smyrna Bch FL 32169
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Paul J. Sohr Date _____ Daytime Phone # _____