
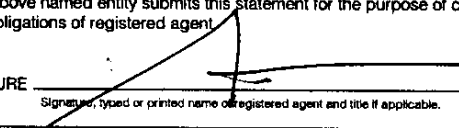
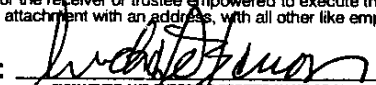


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90273 042 ****61.25

DOCUMENT # 726981					
1. Entity Name THE CORINTHIAN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 936 INTRACOASTAL DRIVE FT LAUDERDALE, FL 33304			Mailing Address 936 INTRACOASTAL DRIVE FT LAUDERDALE, FL 33304		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1596364	
				Applied For <input type="checkbox"/> 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		
PASTORINE, PHYLLIS R. 936 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33304			Name Becker & Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Road City Fort Lauderdale FL Zip Code 33312		
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 4-10-06		
Signed, 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHAND, DIANA		NAME	Marchand, Diana	
STREET ADDRESS	936 INTRACOASTAL DR		STREET ADDRESS	936 Intracoastal Dr.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, MICHAEL		NAME		
STREET ADDRESS	936 INTRACOASTAL DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIEBE, TED		NAME	Folz, Theo	
STREET ADDRESS	936 INTRACOASTAL DR.		STREET ADDRESS	936 Intracoastal Dr.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, GAR		NAME		
STREET ADDRESS	936 INTRACOASTAL DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANELLA, RALPH		NAME	Campanella, Ralph	
STREET ADDRESS	936 INTRACOASTAL DR.		STREET ADDRESS	936 Intracoastal Dr.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHANGELO, FRANK		NAME		
STREET ADDRESS	936 INTRACOASTAL DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		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: 			Date: 4/10/06 Daytime Phone #: 954-561-5839		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		