


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90136 010 \*\*\*\*70.00

<b>DOCUMENT # 726981</b> 1. Entity Name <b>THE CORINTHIAN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>936 INTRACOASTAL DRIVE FT LAUDERDALE, FL 33304</b>			Mailing Address <b>936 INTRACOASTAL DRIVE FT LAUDERDALE, FL 33304</b>		
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 <b>59-1596364</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. 3111 STIRLING RD FORT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCHAND, DIANA</b> <b>936 INTRACOASTAL DR</b> <b>FORT LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ralph Meola</b> <b>936 Intracoastal Dr.</b> <b>Ft. Lauderdale, FL 33304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARRON, MICHAEL</b> <b>936 INTRACOASTAL DR.</b> <b>FORT LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Catherine High</b> <b>936 Intracoastal Dr.</b> <b>Ft. Lauderdale, FL 33304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FOLZ, THEO</b> <b>936 INTRACOASTAL DR</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Folz, Theo</b> <b>936 Intracoastal Dr.</b> <b>Ft. Lauderdale, FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>OLSON, GAR</b> <b>936 INTRACOASTAL DR.</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bernie Ucko</b> <b>936 Intracoastal Dr.</b> <b>Ft. Lauderdale, FL 33304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CAMPANELLA, RALPH</b> <b>936 INTRACOASTAL DR.</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Ralph Campanella</b> <b>936 Intracoastal Dr.</b> <b>Ft. Lauderdale, FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCHANGELO, FRANK</b> <b>936 INTRACOASTAL DR.</b> <b>FORT LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>John Early</b> <b>936 Intracoastal Dr.</b> <b>Ft. Lauderdale, FL 33304</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Gar B. Olson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/27/07</b> Daytime Phone #: <b>954-561-3839</b>		