2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 18, 2007 8:00 am Secretary of State

DOCUMENT # 730401 1. Entity Name CORAL GARDENS CONDOMINIUM NO. 3, INC.					05-18-2007 90020 034 ****61.25				
Principal Place of Business 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065		Mailing Address 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032007 Chg-NP CR2E037 (12/06)				
City & State		City & State		•	4. FEI Number Applied For 59-1590600 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent			. Name and Add	fress of New Re	gistered A	gent	
2855 NOR SUITE 310	AST CONDOMINIUM MANAGEI ITH UNIVERSITY DRIVE) PRINGS, FL 33065	MENT, INC.	Str. 8 (00 E.	ucker & T Broward Lauderda	Blvd, Su:	ite 71	0	de
the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or r	_	ageni, or both, in	the state of mor	rud. I dan k	arriidar With,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	na jille if applicable. (NOTE: I	ر کر Registered Agent signature		en reinstating)	70"/	DATE	· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	Registered Agent signature	re required wh	en reindating) 5.00 May Be dided to Fees		ke check	payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	Registered Agent signature	e required wh	5.00 May Be	Florie	ake check da Depart IS AND DIR	ment of S	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR DVP AURESTO, DANNY 2710 RIVERSIDE DRIVE # A103	9. Election Camp Trust Fund Co	Progression Agent signature coalgon Financing contribution. 11. ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	AD PAU 18 2700 Coral SVacce 2700	5.00 May Be dided to Fees DITIONS/CHANG SHO, Dani Riversion Springs, Richai Riverside	FL 3306 Dr. B/O/	ike check da Departi IS AND DIR	ment of S	tate
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12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OF FIGHTED MAINE OF SIGNING OFFICER OR DIRECTOR

3/16/07

Daytime Phone #