



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90057 014 ****61.25

DOCUMENT # 730401 1. Entity Name CORAL GARDENS CONDOMINIUM NO. 3, INC.					
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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01052008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1590600				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 TUCKER & TIGHT, P.A. 800 D. BROWARD BLVD. STE 710 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AURESTO, DANNY	<input checked="" type="checkbox"/>	STREET ADDRESS	Chancey, Barry	<input type="checkbox"/>
CITY - ST - ZIP	2700 RIVERSIDE DR. #B105 CORAL SPRINGS, FL 33065		CITY - ST - ZIP	2710 Riverside Dr. A102 Coral Springs, FL 33065	<input checked="" type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VACCA, RICHARD	<input checked="" type="checkbox"/>	STREET ADDRESS	Borde Debbie Ann	<input type="checkbox"/>
CITY - ST - ZIP	2700 RIVERSIDE DR. #B101 CORAL SPRINGS, FL 33065		CITY - ST - ZIP	2710 Riverside Dr. A103 Coral Spring, FL 33065	<input checked="" type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	LATCHMAN, FRANKLIN	<input checked="" type="checkbox"/>	STREET ADDRESS	Auresto, Nora	<input type="checkbox"/>
CITY - ST - ZIP	2700 RIVERSIDE DR. #B206 CORAL SPRINGS, FL 33065		CITY - ST - ZIP	2700 Riverside Dr. B105 Coral Springs, FL 33065	<input checked="" type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	VP BROWN, MARK	<input type="checkbox"/>	STREET ADDRESS	SFT Cameron, Janice	<input type="checkbox"/>
CITY - ST - ZIP	2700 RIVERSIDE DR. #B201 CORAL SPRINGS, FL 33065		CITY - ST - ZIP	2700 Riverside Dr. B205 Coral Springs, FL 33065	<input checked="" type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	D HUTCHINS, MATTHEW	<input checked="" type="checkbox"/>	STREET ADDRESS	Groves, Jillian	<input type="checkbox"/>
CITY - ST - ZIP	2700 RIVERSIDE DR. #A101 CORAL SPRINGS, FL 33065		CITY - ST - ZIP	2700 Riverside Dr. B204 Coral Springs, FL 33065	<input checked="" type="checkbox"/>
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/>	STREET ADDRESS	VP Krappik, Keith	<input type="checkbox"/>
CITY - ST - ZIP			CITY - ST - ZIP	2700 Riverside Dr. B07 Coral Springs, FL 33065	<input checked="" type="checkbox"/>
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: <u>Nora Auresto</u> <u>4/17/08</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					