

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730865

FILED
Mar 25, 2009
Secretary of State

Entity Name: CORAL PINES CONDOMINIUM ONE, INC.

Current Principal Place of Business:

C/O BENCHMARK PROPERTY MGMT., INC
7932 WILES ROAD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

C/O BENCHMARK PROPERTY MGMT., INC
7932 WILES ROAD
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-1828016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES
6261 N.W. 6TH WAY
FT. LAUDERDALE, FL 333096103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ZEICHICK, JUDITH
Address: 8404 W SAMPLE RD 136
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P () Delete
Name: ADAMS, JAMES
Address: 8404 W SAMPLE RD 230
City-St-Zip: POMPANO BEACH, FL 33065 OC

Title: D () Delete
Name: CHIRCHIRILLO, THOMAS
Address: 8402 W SAMPLE ROAD #238
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: SPATOLA, JOSEPHINE
Address: 8400 W SAMPLE RD 101
City-St-Zip: POMPANO BEACH, FL 33065

Title: ST () Delete
Name: KIRKEY, SUE
Address: 8406 W SAMPLE RD 223
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH ZEICHICK

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date