
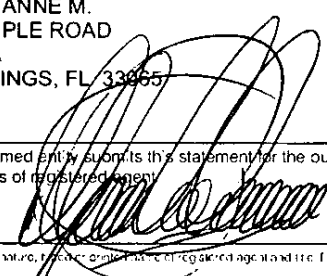
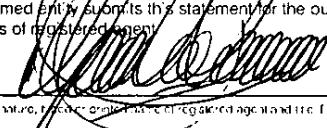
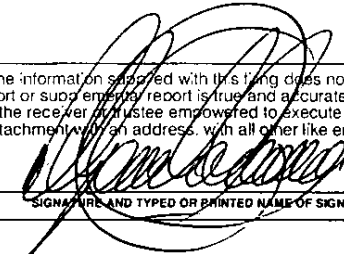


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 031 ****70.00

DOCUMENT # 734971			
1. Entity Name CORAL SPRING GARDENS EAST II ASSOCIATION, INC.			
Principal Place of Business 9365 W SAMPLE ROAD SUITE 203-A CORAL SPRINGS, FL 33065 US		Mailing Address P.O. BOX 8506 CORAL SPRINGS, FL 33075 US	
2. Principal Place of Business 8604 N.W. 35th St.		3. Mailing Address 8604 N.W. 35th St.	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country US	Zip 33065	Country US
4. FEI Number 59-1709588		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAATHOFF, ANNE M. 9365 W SAMPLE ROAD SUITE 203-A CORAL SPRINGS, FL 33065		Name Alejandro Camurri	
		Street Address (P.O. Box Number is Not Acceptable)	
		8604 N.W. 35th St. # 204	
		City Coral Springs	FL Zip Code 33065
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	
Filing Fee is \$61.25 Due by May 1, 2005		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 PD	OLIVER-VALLELY, NANCY <input type="checkbox"/> De'ete	TITLE P	Alejandro Camurri <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 8506	NAME	8604 N.W. 35th St. # 204
STREET ADDRESS	CORAL SPRINGS, FL 33075	STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	DASSLER, MICHAEL <input type="checkbox"/> De'ete	TITLE V	Reinaldo Ribeiro <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 8506	NAME	8604 N.W. 35th St. # 201
STREET ADDRESS	CORAL SPRINGS, FL 33075	STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	LEAL, DIANA <input type="checkbox"/> De'ete	TITLE T	Leslie Spruce <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 8506	NAME	8604 N.W. 35th St. # 102
STREET ADDRESS	CORAL SPRINGS, FL 33075	STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De'ete	TITLE S	Nora Gonzalez <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	8604 N.W. 35th St # 101
STREET ADDRESS		STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De'ete	TITLE D	Orlando Estevez <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	8604 N.W. 35th St # 203
STREET ADDRESS		STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> De'ete	TITLE T	Llivel Funes <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	8604 N.W. 35th St. # 104
STREET ADDRESS		STREET ADDRESS	Coral Springs, FL 33065
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or subsequent 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND PHONE #	