2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734971

FILED Jul 06, 2006 Secretary of State

Entity Name: CORAL SPRING GARDENS EAST II ASSOCIATION, INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
8604 NW 3	5TH ST	
STE 204 CORAL SP	RINGS, FL 33065 US	
Current Ma	ailing Address:	New Mailing Address:
8604 NW 3	5TH ST	
STE 204 CORAL SP	RINGS, FL 33065 US	
FEI Number:	59-1709588 FEI Number Applied For () FEI e with s. 607.193(2)(b), F.S., the corporation did not rece	Number Not Applicable () Certificate of Status Desired ()
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
CAMURRI, 8604 NW 3	ALEJANDRO 5TH ST	
STE 204	RINGS, FL 33065 US	
The above in the State		se of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Agent	Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD (X) Delete OLIVER-VALLELY, NANCY P.O. BOX 8506 CORAL SPRINGS, FL 33075	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	STD (X) Delete DASSLER, MICHAEL P.O. BOX 8506 CORAL SPRINGS, FL 33075	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D (X) Delete LEAL, DIANA P.O BOX 8506 CORAL SPRINGS, FL 33075	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete CAMURRI, ALEJANDRO 8604 NW 35TH ST # 204 CORAL SPRINGS, FL 33065	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete RIBEIRO, REINALDO 8604 NW 35TH ST # 201 CORAL SPRINGS, FL 33065	Title: VP (X) Change () Addition Name: MUSA, LESLIE Address: 8604 NW 35 ST #201 City-St-Zip: CORAL SPRING, FL 33065
Title: Name: Address: City-St-Zip:	T () Delete SPRUCE, LESLIE 8604 NW 35TH ST # 102 CORAL SPRINGS, FL 33065	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEJANDRO CAMURRI P 07/06/2006