


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 734971
 1. Entity Name
CORAL SPRING GARDENS EAST II ASSOCIATION, INC.



Principal Place of Business 8604 NW 35TH ST STE 204 CORAL SPRINGS, FL 33065 US	Mailing Address 8604 NW 35TH ST STE 204 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



07162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1709588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMURRI, ALEJANDRO
 8604 NW 35TH ST
 STE 204
 CORAL SPRINGS, FL 33065

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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: 07/26/07

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

00000769431
 07/18/07-80005-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMURRI, ALEJANDRO 8604 NW 35TH ST # 204 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSA, LESLIE 8604 NW 35 ST #201 CORAL SPRING, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPRUCE, LESLIE 8604 NW 35TH ST # 102 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 07/26/07 DIALYNE PHONE #: 954-344-9819

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR