2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# 745886

Entity Name: CORAL GARDEN APARTMENTS, INC.

Current Principal Place of Business:

1025 S FEDERAL HWY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

5112 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATLANTIC FULCRUM, INC.
5112 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463 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: DT ( ) Delete
Name: SPEZIALE, MARILYN
Address: 1025 S. FEDERAL HWY., # 3
City-St-Zip: LAKE WORTH, FL 33460

Title: DP ( ) Delete
Name: VILEN, PENTTI,
Address: 1025 S. FEDERAL HWY., # 7
City-St-Zip: LAKE WORTH, FL

Title: DS ( ) Delete
Name: ANDREWS, NANCY
Address: 1025 S FEDERAL HWY., # 1
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KORPI, KEITH
Address: 1025 S. FEDERAL HWY., # 2
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Change ( ) Addition
Name: VILEN, PENTTI,
Address: 1025 S. FEDERAL HWY., # 7
City-St-Zip: LAKE WORTH, FL

Title: D (X) Change ( ) Addition
Name: OJALA, ESA
Address: 1025 S FEDERAL HWY., # 8
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH KORPI P 04/20/2005

Electronic Signature of Signing Officer or Director — Date