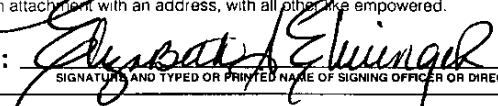


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90100 043 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                  |                                                                                 |                                                                                                                                                                                        |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 747254</b><br>1. Entity Name<br><b>CORAL RIDGE EAST CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                  |                                                                                 |                                                                                                       |                                                                              |
| Principal Place of Business<br><b>4501 NE 21ST AVENUE<br/>FT. LAUDERDALE, FL 33307-4740</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                  | Mailing Address<br><b>4501 NE 21ST AVENUE<br/>FT. LAUDERDALE, FL 33307-4740</b> |                                                                                                                                                                                        |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          | 3. Mailing Address                                                               |                                                                                 |                                                                                                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | Suite, Apt. #, etc.                                                              |                                                                                 |                                                                                                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | City & State                                                                     |                                                                                 | 4. FEI Number<br><b>59-2000415</b>                                                                                                                                                     |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | Country                                                                          |                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | Country                                                                          |                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                        |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                  |                                                                                 | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                              |
| <b>ROYAL PROPERTY MANAGT INC<br/>8317 W ATLANTIC BLVD<br/>CORAL SPRINGS, FL 33071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                  |                                                                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                  |                                                                                 |                                                                                                                                                                                        |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                 | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                  |                                                                                 | <b>Make check payable to Florida Department of State</b>                                                                                                                               |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                           |                                                                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>AARONIAN, JAMES<br/>4501 NE 21ST AVE APT 410<br/>FT LAUDERDALE, FL 33308</b>    | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D<br/>PATRICK CONLON<br/>4501 N.E. 21ST AVE APT 309<br/>FT LAUDERDALE FL 33308</b>                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>MILES, HELEN ANN<br/>4501 NE 21ST AVE APT 404<br/>FORT LAUDERDALE, FL 33308</b> | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D<br/>Elizabeth ELWINGER Apt 209<br/>4501 N.E. 21ST AVE<br/>FT LAUDERDALE FL 33308</b>                                                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>NANNERY, PATRICK<br/>1600 SE 15TH STREET<br/>FORT LAUDERDALE, FL 33316</b>      | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D<br/>Paul Vandondrink<br/>4501 N.E. 21ST AVE APT 114<br/>FT LAUDERDALE 33308</b>                                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>DEBOER, GRACE<br/>4501 NE 21 AVE #211<br/>FT LAUDERDALE, FL 33308</b>           | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <b>D<br/>M. Kelly<br/>4501 N.E. 21ST AVE APT 106<br/>FT LAUDERDALE FL 33308</b>                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>FRENIERE, CHERYL<br/>4501 NE 21ST AVE APT 212<br/>FORT LAUDERDALE, FL 33308</b> | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  |                                                                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>D<br/>FRAZIER, CHARLES<br/>4501 NE 21ST AVE APT 206<br/>FT. LAUDERDALE, FL 33308</b>  | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 the empowered. |                                                                                          |                                                                                  |                                                                                 |                                                                                                                                                                                        |                                                                              |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                  |                                                                                 |                                                                                                                                                                                        |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                  |                                                                                 |                                                                                                                                                                                        |                                                                              |
| Date _____ Daytime Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                  |                                                                                 |                                                                                                                                                                                        |                                                                              |