2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

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CORAL RIDGE EAST CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address C/O MIAMI MANAGEMENT C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKWY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2000415 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATZMAN & KORR Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49TH STREET #202 FORT LAUDERDALE, FL 33309 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TITLE Delete TITLE Addition REDDEN, KEN 1145 SAWGRES CORP PKWY Change | BRUMLEY, TIM NAME STREET ADDRESS 1145 SAWGRASS CORP PKWY STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP SUNRISEIF TITLE TR ☐ Delete TITLE ☐ Change ☐ Addition ELWINGER, ELIZABETH NAME NAME STREET ADDRESS 1145 SAWGRASS CORP PKWY STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NANNERY, PATRICK NAME STREET ADDRESS 1145 SAWGRASS CORP PKWY STREET ADDRESS SUNRISE, FL 33323 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAMÉ KELLY, M NAME STREET ADDRESS 4501 NE 21ST AVE., APT 106 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP IIII F TITLE ☐ Change Addition FRENIERE, CHERYL NAME NAME STREET ADDRESS 1145 SAWGRASS CORP PKWY STREET ADDRESS CITY+ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FRAZIER, CHARLES NAME NAME STREET ADDRESS 1145 9AWGRASS CORP PKWY STREET ADDRESS SUNRISE, FL 33323 CITY-ST-ZIP CITY-ST-ZIP 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: