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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90039 038 ****61.25

DOCUMENT # 747643

1. Entity Name
CORAL GATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6350 CORAL LAKE DRIVE MARGATE, FL 33063	6350 CORAL LAKE DRIVE MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1914851
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT
WILLIAM CALVANCANTE
6350 CORAL LAKE DRIVE
MARGATE, FL 33063

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAPPALA, DOREEN
STREET ADDRESS	5724 CORAL LAKE DR.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VPD
NAME	SCHWARTZMAN, NORMAN
STREET ADDRESS	6612 CORAL LAKE DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TD
NAME	O'NEILL, CLAIR
STREET ADDRESS	5826 CORAL LAKE DR
CITY-ST-ZIP	MARGATE, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NORMAN SCHWARTZMAN 6612 CORAL LAKE DR
JANE ADAMS 5830 CORAL LAKE DR MARGATE FL 33063

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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: _____ 3/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #