2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 747643

Entity Name: CORAL GATE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6350 CORAL LAKE DRIVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6350 CORAL LAKE DRIVE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-1914851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MICHAEL HYMAN, ESQ
MUSEUM TOWER- 27TH FLOOR
150 WEST FLAGLER STREET
MIAMI, FL 33130 US

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: MICHAEL HYMAN 04/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHWARTZMAN, NORMAN
Address: 6612 CORL LAKE DR
City-St-Zip: MARGATE, FL 33063

Title: VPD ( ) Delete
Name: ADAMS, JANE
Address: 5830 CORL LAKE DR
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete
Name: O'NEILL, CLAIR
Address: 5826 CORAL LAKE DR
City-St-Zip: MARGATE, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADAMS, JANE
Address: 5830 CORL LAKE DR
City-St-Zip: MARGATE, FL 33063

Title: VPD (X) Change ( ) Addition
Name: STANGLER, ROBERT
Address: 6044 CORL LAKE DR
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JANE ADAMS PD 04/13/2009
Electronic Signature of Signing Officer or Director Date