


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90065 001 ****61.25

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DOCUMENT # 752824			
1. Entity Name CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9275 SW 152 STREET MIAMI, FL 33157 US		Mailing Address 9275 SW 152 STREET #208 MIAMI, FL 33157 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12509 So. Dixie Hwy.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156		Zip 33156	
Country USA		Country USA	
4. FEI Number 59-2136629		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCETTA, RONALD DR. 9275 SW 152 STREET # 208 MIAMI, FL 33157		7. Name and Address of New Registered Agent Name: JACOBS - ALFONSO Street Address (P.O. Box Number is Not Acceptable): 12509 So. Dixie Hwy City: MIAMI FL Zip Code: 33156	
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) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'	
TITLE: DP NAME: PINELLA, ARLOS STREET ADDRESS: 9275 SW 152 ST #210 CITY-ST-ZIP: MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: ZIMMERMAN, MYNDELL B STREET ADDRESS: 8940 N. KENDAL DR #801E CITY-ST-ZIP: MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: AEOSTD, FRANK STREET ADDRESS: 9275 SW 152 ST #206 CITY-ST-ZIP: MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: DITKOWSKY, WILLIAM STREET ADDRESS: 9275 SW 152 ST #212 CITY-ST-ZIP: MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Tamm Quintero</i>		Date: <i>4/7/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>253-2940</i>	