
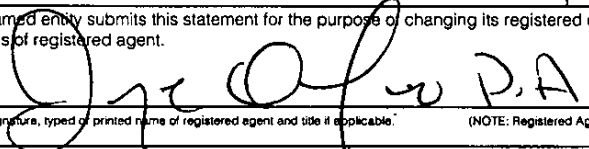
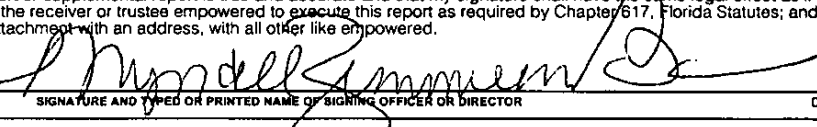


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 013 ****61.25

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 12509 S. DIXIE HWY MIAMI, FL 33156 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address JACOBS / ALFONSO Suite, Apt. #, etc. P.O. Box 562691			
City & State 		City & State Miami, FL		4. FEI Number 59-2136629	
Zip 	Country 	Zip 33256	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS-ALFONSO 12509 S. DIXIE HWY MIAMI, FL 33156				7. Name and Address of New Registered Agent Name JACOBS / ALFONSO Street Address (P.O. Box Number is Not Acceptable) 13605 S. Dixie Hwy. # 139. City Palmetto Bay FL Zip Code 33176	
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					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMERMAN, MYNDELL B <input type="checkbox"/> Delete 8940 N. KENDAL DR #801E MIAMI, FL 33157			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AEOSTD, FRANK <input type="checkbox"/> Delete 9275 SW 152 ST #206 MIAMI, FL 33157			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DITKOWSKY, WILLIAM <input type="checkbox"/> Delete 9275 SW 152 ST #212 MIAMI, FL 33157			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
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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	