


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		3. Mailing Address Jacobs / Alfonso	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 562691	
City & State		City & State Miami, FL	
Zip	Country	Zip 33256	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 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: <i>Jacobs / Alfonso P.A.</i>		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P 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 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: <i>Myndell Zimmerman</i>		DATE: _____ Daytime Phone #: _____	