

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 038 ****61.25

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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
 JACOBS/ ALFONSO
 PO BOX 562691
 MIAMI, FL 33256 US



02282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2136629

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS-ALFONSO
 13605 S PINE DR HWY
 SUITE 139
 PALMETTO BAY, FL 33176

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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 NAME STREET ADDRESS CITY-ST-ZIP	P SANCETTA, RON 9275 SW 152 ST #208 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMOS, BETTY 9275 SW 152 ST #107 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DITKOWSKY, WILLIAM 9275 SW 152 ST #212 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____