


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90219 031 \*\*\*\*61.25

<b>DOCUMENT # 756646</b>			
<b>1. Entity Name</b> CORAL RIDGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 3151 COOPER ST #20 #19 PUNTA GORDA, FL 33950-7216		<b>Mailing Address</b> P.O. BOX 511263 #19 PUNTA GORDA, FL 33950-7216	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BENNETT, DOROTHY M 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, name and c. (FD-011, Registered Agent's signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, JERRY	NAME	
STREET ADDRESS	9109 W TORCA LN DR	STREET ADDRESS	
CITY- ST- ZIP	RAPID CITY, MI 49676	CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUBER, ROGER	NAME	
STREET ADDRESS	2560 RIO PHARMS CT	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA, FL 33950	CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIDEL, DEWEY	NAME	
STREET ADDRESS	3151 COOPER ST #21	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA, FL 33950	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, MICHAEL	NAME	
STREET ADDRESS	3647 ST GIRONS DR	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA, FL 33950	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, LINDSAY	NAME	
STREET ADDRESS	315 W ARIA ST	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA, FL 33950	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
<b>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.</b>			
<b>SIGNATURE:</b> <i>Dorothy M Bennett</i>		Date: <i>4/24/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>941-639-1142</i>	