2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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CORAL SPRINGS VILLAS CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 50055332 C/O BENCHMARK PROPERTY MGMT 7932 WILES ROAD 7106 W COMMERCIAL BLVD 4-A CORAL SPRINGS, FL 33067 US FT LAUDERDALE, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-2146481 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT KAVE & ASSOCITES P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 WAY **SUITE 103** FORT LAUDERDALE, FL 33309 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete DIRECTOR TITLE ☐ Change HALLEY, JOHATHON JEWE STEWE BROWN, TRACY NAME NAME STREET ADDRESS 3251 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP CORAL SPRINGS PC 33065 TITLE **VPD** Delete MLE ☐ Addition Chance GUILIANO, FRANK NAME NAME STREET ADORESS 3247 CORAL RIDGE DR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME THOMAS, DANIEL NAME STREET ADDRESS 3207 CORAL EDGE DRIVE STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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

SIGNATURE:

OFFICER OR DURECTOR

4/13/05

954-344-5353