

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769976

FILED
Apr 30, 2008
Secretary of State

Entity Name: CORAL SPRINGS TOWNHOMES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10843 ROYAL PALM BLVD.
UNIT 8
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9769 NW 20TH ST
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 59-2313976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR, BROUGH & CHADROW, P.A.
WESTSIDE CORPORATE CENTER
150 S. PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SOLIS, RAQUEL
Address: 10843 ROYAL PALM BLVD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DSDT () Delete
Name: PAREDES, SILVIA
Address: 9769 NW 20TH ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: WELBOURN, CAROL
Address: 10837 ROYAL PALM BLVD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: CUARTAS, OMAR
Address: 10831 ROYAL PALM BLVD.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAQUEL SOLIS

V

04/30/2008

Electronic Signature of Signing Officer or Director

Date