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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004633

1. Entity Name
COOLIDGE-CLK MISSION SPRINGS REALTY CORP.



Principal Place of Business
C/O CLK MANAGEMENT
9 PARK PLACE, 3RD FLOOR
GREAT NECK, NY 11021

Mailing Address
C/O CLK MANAGEMENT
9 PARK PLACE, 3RD FLOOR
GREAT NECK, NY 11021



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3646338

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME PARNES, HOWARD
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE V
NAME STAHL, SHELDON
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE S
NAME STAHL, FRED
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE V
NAME KOENIGSBERG, CRAIG
STREET ADDRESS 9 PARK PLACE, 3RD FLOOR
CITY-ST-ZIP GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/24/05-80025-004 150.00

12. 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 #

3-14-05