

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 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



04182008 No Chg-P CR2E034 (11/05)

**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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000918032  
05/13/08-80066-012 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

*Craig Koenigsberg*  
CRAIG KOENIGSBERG

4/18/08

516-466-9460