## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000004633

Address:

City-St-Zip:

9 PARK PLACE, 3RD FLOOR

GREAT NECK, NY 11021

Entity Name: COOLIDGE-CLK MISSION SPRINGS REALTY CORP.

FILED Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O CLK MANAGEMENT 9 PARK PLACE, 3RD FLOOR GREAT NECK, NY 11021 **Current Mailing Address: New Mailing Address:** C/O CLK MANAGEMENT 9 PARK PLACE, 3RD FLOOR GREAT NECK, NY 11021 FEI Number: 11-3646338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PARNES, HOWARD Name: Name: ONE WEST RED OAK LANE Address: Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STAHL SHELDON Name: ONE WEST RED OAK LANE Address: Address: WHITE PLAINS, NY 10604 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition STAHL, FRED Name: Name: ONE WEST RED OAK LANE Address: Address: City-St-Zip: WHITE PLAINS, NY 10604 City-St-Zip: Title: () Delete Title: () Change () Addition KOENIGSBERG, CRAIG Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CRAIG KOENIGSBERG V 04/21/2009