

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00252

1. Entity Name
CORAL SHOPPING CENTER, INC.



Principal Place of Business
**3045 N. FEDERAL HWY.
FT. LAUDERDALE, FL 33306**

Mailing Address
**P.O. BOX 24627
FT. LAUDERDALE, FL 33307**



02102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2348133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VORDERMEIER, ALAN E
2132 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33306**

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEEKS, JOHN
STREET ADDRESS	3045 N. FEDERAL HWY.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	VD
NAME	VORDERMEIER, HARRY
STREET ADDRESS	3045 N FED HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
TITLE	TD
NAME	SABRA, MARK
STREET ADDRESS	3045 N. FEDERAL HGWAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80084-005 61.25

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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 617, 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

4/7/06
Date

954-566-1661
Daytime Phone #