


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|   |   |
|---|---|
| <b>DOCUMENT #</b> N03000010058  |  |
| 1. Entity Name<br><b>CORAL PARK TOWNHOMES CONDOMINIUM ASSOCIATION, INC.</b> |   |

**FILED**  
05 MAY 23 PM 4: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br><b>610 UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33071</b> | Mailing Address<br><b>610 UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33071</b> |
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| 2. Principal Place of Business<br><b>P O Box 770201</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>P O Box 770201</b><br>Suite, Apt. #, etc. |
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|   |   |
|---|---|
| City & State<br><b>Coral Springs FL</b> | City & State<br><b>Coral Springs FL</b> |
| Zip<br><b>33077</b>                     | Zip<br><b>33077</b>                     |
| Country<br><b>USA</b>                   | Country<br><b>USA</b>                   |



05182005 REIN-NP CR2E099 (6/04)

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|--|--|
| 4. FEI Number<br><b>34-1999697</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>SHAPIRO BLASI WASSERMAN P.A.<br/>7777 GLADES ROAD<br/>SUITE 110<br/>BOCA RATON, FL 33434</b> |
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|   |
|---|
| 7. Name and Address of New Registered Agent<br>Name <b>Daniela Cortopassi</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2555 Riverside Dr</b><br>City <b>Coral Springs FL</b> Zip Code <b>33065</b> |
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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 *Daniela Cortopassi* **05/18/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LABRIOLA, GARY <input checked="" type="checkbox"/> Delete<br>610 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33071   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>LABRIOLA, JEAN <input checked="" type="checkbox"/> Delete<br>610 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33071  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>LEQUERIQUE, RAY <input checked="" type="checkbox"/> Delete<br>610 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33071 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>BUTLER, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2563 RIVERSIDE DR<br>CORAL SPRINGS FL 33065     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>BOLARIN, DAYO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2573 RIVERSIDE DR<br>CORAL SPRINGS FL 33065    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/D<br>KOMIS, ALEXANDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2579 RIVERSIDE DR<br>CORAL SPRINGS FL 33065 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>600055147696</b><br><b>05/23/05--01066--012 **131.25</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 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: *Mark Butler* **05/18/05** **954-501-5477**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

*5/23/05*