

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010603

1. Entity Name
CORAL SPRINGS COMMUNITY FOUNDATION, INC.



Principal Place of Business
3300 UNIVERSITY DR
STE 311
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DR
STE 311
CORAL SPRINGS, FL 33065



01272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1316454 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAPAT, MICHAEL
3300 UNIVERSITY DR., #311
CORAL SPRINGS, FL 33065

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIEDMAN, ABRAHAM
STREET ADDRESS	3925 N. UNIVERSITY DR.
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	ROCKFORD, REUVEN
STREET ADDRESS	3925 N. UNIVERSITY DR.
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	LAPAT, MICHAEL
STREET ADDRESS	3300 UNIVERSITY DR., #311
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/08/05-80082-018 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reuben Rockford

Date

(954) 345-6442

Daytime Phone #