

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90068 029 \*\*\*\*61.25

<b>DOCUMENT # N03981</b> 1. Entity Name CORAL PINES VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SOUTHEAST CONDO MGMT 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071 US		Mailing Address C/O SOUTHEAST CONDO MGMT 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071 US	
2. Principal Place of Business  SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065		3. Mailing Address  SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065	
Zip Country <u>US</u>		Zip Country <u>US</u>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		4. FEI Number 59-2741393	
6. Name and Address of Current Registered Agent  SOUTHEAST CONDO MGMT CJ CHIARENZE 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent  SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, JOSEPH 5324 SW 34 WAY HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADAYIL, JOSEPH 5324 SW 34 WAY HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADAYIL, MARY 5324 SW 34 WAY HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NADAYIL, AVUGUSTINE 5324 SW 34 WAY HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOVAN, MATTHEW 5324 SW 34 WAY HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS 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.			
<b>SIGNATURE:</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			