

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 044 ****61.25

DOCUMENT # N03981 1. Entity Name CORAL PINES VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR., STE 310 CORAL SPRINGS, FL 33065 US			Mailing Address C/O SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR., STE 310 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2741393 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR. SUITE 310 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, JOSEPH		NAME	Torres, Jason	
STREET ADDRESS	5324 SW 34 WAY		STREET ADDRESS	2544 Riverside Dr.	
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Gammans Paula	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADAYIL, JOSEPH		NAME	2546 Riverside Dr.	
STREET ADDRESS	5324 SW 34 WAY		STREET ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Wint Terri	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADAYIL, MARY		NAME	2534 Riverside Dr.	
STREET ADDRESS	5324 SW 34 WAY		STREET ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Perron Mike	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADAYIL, AVGUSTINE		NAME	2582 Riverside Dr.	
STREET ADDRESS	5324 SW 34 WAY		STREET ADDRESS	Coral Springs	
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Rivas, Laura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOVAN, MATTHEW		NAME	2536 Riverside Dr.	
STREET ADDRESS	5324 SW 34 WAY		STREET ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PERRON, MIKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	2582 RIVERSIDE DR.	
STREET ADDRESS			STREET ADDRESS	CORAL SPRINGS	
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	