

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90006 050 \*\*\*\*61.25

<b>DOCUMENT # N03981</b> 1. Entity Name <b>CORAL PINES VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR., STE 310 CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>C/O SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR., STE 310 CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State  			
Zip  	Country  	Zip  	Country  	4. FEI Number <b>59-2741393</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR. SUITE 310 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name <b>Tucker &amp; Tighe, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 E. Broward Blvd.</b> <b>Suite 710</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33301</b>		
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 <u><i>Thomas J Tighe</i></u> <span style="float: right;">5/2/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PO</b> <b>TORRES, JASON</b> <b>2544 RIVERSIDE DR</b> <b>CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Fernandez, Richard</b> <b>18416 Via De Sorento St.</b> <b>Boca Raton, FL 33496</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>RIVAS, LAURA</b> <b>2536 RIVERSIDE DR</b> <b>CORAL SPRINGS, FL 33065</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Rivas, Laura</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PERRON, MIKE</b> <b>2582 RIVERSIDE DR</b> <b>CORAL SPRINGS, FL 33065</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Shives, Connie</b> <b>6610 Salem</b> <b>N. Lauderdale, FL 33068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>Nascimento, Maria</b> <b>2570 Riverside Dr.</b> <b>Coral Springs, FL 33065</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Pomerante, Steven</b> <b>6020 NW 67 Ct.</b> <b>Parkland, FL 33067</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	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 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: <u><i>Laura Torres</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02/15/07</u> Daytime Phone # <u>305-345-9465</u>		