

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03981

FILED
Jan 22, 2009
Secretary of State

Entity Name: CORAL PINES VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTHEAST CONDO MGMT
2855 N. UNIVERSITY DR., STE 310
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHEAST CONDO MGMT
2855 N. UNIVERSITY DR., STE 310
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2741393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER & TIGHE PA
800 E. BROWARD BLVD
STE 710
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVAS, LAURA
Address: 2536 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: SHIVES, CONNIE
Address: 6610 SALEM
City-St-Zip: POMPANO BEACH, FL 33068

Title: S () Delete
Name: POMERANTZ, STEVEN
Address: 6020 NW 67 CT.
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA RIVAS

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date