

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004256

FILED
Apr 23, 2007
Secretary of State

Entity Name: CORAL LAKES CENTER MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3070 S.W. 19 STREET
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3070 S.W. 19 STREET
MIAMI, FL 33145

New Mailing Address:

FEI Number: 55-0868183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ, DANIEL C
3070 S.W. 19 STREET
MIAMI, FL 33145 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: D () Delete
Name: PEREZ, DANIEL C
Address: 3070 S.W. 19 STREET
City-St-Zip: MIAMI, FL 33145

Title: VST () Delete
Name: QUEVEDO, ADELENA
Address: 3070 S.W. 19 STREET
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: CASTELLANOS, MARIA D
Address: 3070 S.W. 19 STREET
City-St-Zip: MIAMI, FL 33145

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 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: ADELENA QUEVEDO

VP

04/23/2007

Electronic Signature of Signing Officer or Director

Date