


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90065 005 \*\*\*\*61.25

**DOCUMENT # N04000005999**

1. Entity Name  
**CORAL PARK TOWNHOMES WEST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 PO BOX 9894  
 CORAL SPRINGS, FL 33075

Mailing Address  
 PO BOX 9894  
 CORAL SPRINGS, FL 33075

**60053896**



2. Principal Place of Business - No P.O. Box #  
*90 MCM Property Mgmt*

3. Mailing Address *Coral Park Towers*  
*90 MCM Property Mgmt*

Suite, Apt. #, etc.  
*9900 W. Sample Rd. Suite 300*

04122007 Chg-NP CR2E037 (12/06)

City & State  
*Coral Springs Fla*

City & State  
*Coral Springs Fla.*

Zip  
*33065*

Country  
*USA*

4. FEI Number  
 20-3525900

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EIDELMAN, JAY M  
 10188 NW 33RD ST  
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name *Michael A. Solomon*

Street Address (P.O. Box Number is Not Acceptable)  
*90 MCM Property Mgmt Corp*

*9900 W. Sample Rd. Suite 300*

City *Coral Springs* FL Zip Code *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 *Michael A. Solomon* DATE *7-23-07*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHUNG, RICHARD W	3108 CORAL RIDGE DR	CORAL SPRINGS, FL 33065	<input type="checkbox"/>
D	ABLACK, MICHAEL B	3116 CORAL RIDGE DR	CORAL SPRINGS, FL 33065	<input type="checkbox"/>
D	EIDELMAN, JAY M	10188 NW 33RD ST	CORAL SPRINGS, FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	Chung, Richard	3108 Coral Ridge Dr.	Coral Springs Fla 33065	<input checked="" type="checkbox"/>
STD	Ablick, Michael	3116 Coral Ridge Dr.	Coral Springs Fla 33065	<input checked="" type="checkbox"/>
PD	Eidelman, Jay	3120 Coral Ridge Dr.	Coral Springs Fla 33065	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Michael A. Solomon* DATE: *7/15/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR