2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # N04000007432 1. Entity Name 04-07-2006 90033 040 ****61.25 CORAL VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4267 NW 115TH AVE CORAL SPRINGS FL 33065 C/O J&L PROPERTY MANAGEMENT CO INC 10191 W SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Go Jel Property Mant Inc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number 20-2240673 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALDERAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) 10191 WEST SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 PD TITLE Delete TITLE PIDZEV OLIVKOVITCH ☐ Change Addition EIDA, MAXIM NAME NAME 11460 MY 43 ST 10542 LA REINA RD STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP Corst Springs FL 33065 CITY-ST-ZIP VPD ☐ Change Addition TITLE TITLE Hodgefs, Ruthmarie EIDA, EDNA NAME NAME 11467 NW 42nd Street 10542 LA REINA RD STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY - ST - ZIP CITY-ST-ZIP Coral Springs, FL 33065 Addition | TITLE STD Dalete TITLE Change EIDA, JOEY NAME NAME Parker, Susan STREET ADDRESS 10542 LA REINA RD STREET ADDRESS 11488 NW 43rd Street CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP Coral Springs, FL 33065 TITLE Delete TITLE KP/D ☐ Change **Addition** NAME NAME Young, Shannon STREET ADDRESS STREET ADDRESS 11472 NW 43rd Street CITY-ST-ZIF CITY-ST-ZIP Coral Springs, FL 33065 Change Addition TITLE ☐ Delete D/5 NAME NAME Ramos, Diana STREET ADDRESS STREET ADDRESS 4233 NW 115th Avenue CITY-ST-7IP CITY-ST-ZIP Coral Springs, FL 33065 Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED

2-9-06 954-255-3932