


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |   |
|---|--|---|
| DOCUMENT # N04000007432                                       |  |  |
| 1. Entity Name<br>CORAL VILLAGE CONDOMINIUM ASSOCIATION, INC. |  |   |

FILED  
06 NOV -6 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| Principal Place of Business<br>C/O PROPERTY MGMT INC<br>203<br>POMPAÑO BEACH, FL 33065 | Mailing Address<br>C/O J&L PROPERTY MANAGEMENT CO INC<br>10191 W SAMPLE RD SUITE 203<br>CORAL SPRINGS, FL 33065 |
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| 2. Principal Place of Business<br>C/O J&L Property Management<br>Suite, Apt. #, etc. Suite # 203<br>10191 W. Sample Rd.<br>City & State<br>CORAL SPRINGS<br>Zip<br>FL | 3. Mailing Address<br>C/O J&L PROPERTY MANAGEMENT<br>Suite, Apt. #, etc. Suite # 203<br>10191 W. Sample Rd Suite 203<br>City & State<br>CORAL SPRINGS<br>Zip<br>FL |
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09272006 Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>20-2240673                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

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|--|---|
| 6. Name and Address of Current Registered Agent<br>CALDERAZZO, JAMES<br>10191 WEST SAMPLE RD<br>SUITE 203<br>CORAL SPRINGS, FL 33065 | 7. Name and Address of New Registered Agent<br>Name Randall K. Roger + Associates, P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>621 NW 53rd Street, Suite 300<br>City Boca Raton FL Zip Code 33487 |
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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  DATE 10-3-06  
(NOTE: Registered Agent signature required when reinstating)

|                       |   |                             |  |
|-----------------------|---|-----------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|-----------------------|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>OLIVKOVITCH, ZEV<br>11460 NW 43 ST<br>POMPAÑO BEACH, FL 33065 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>400081026144<br>10/19/06--01036--007 **\$61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HODGERS, RUTHMARIE<br>11467 NW 42ND ST<br>POMPAÑO BEACH, FL 33065 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PARKER, SUSAN<br>11488 NW 43RD ST<br>POMPAÑO BEACH, FL 33065 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>YOUNG, SHANNON<br>11472 NW 43RDST<br>POMPAÑO BEACH, FL 33065 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>RAMOS, DIANA<br>4233 NW 115TH AVE<br>POMPAÑO BEACH, FL 33065 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  ZEV OLIVKOVITCH DATE 10-11-06 DAYTIME PHONE # 954-692-7110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR