

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 20 AM 10:08

<b>DOCUMENT # N04000011843</b> 1. Entity Name <b>LA CORALINA TERRACES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>1911 HARRISON STREET HOLLYWOOD, FL 33020</b>		Mailing Address <b>1911 HARRISON STREET HOLLYWOOD, FL 33020</b>			
2. Principal Place of Business <b>2999 NE 191st Street</b>		3. Mailing Address <b>2999 NE 191st Street</b>			
Suite, Apt. #, etc. <b>PH-8</b>		Suite, Apt. #, etc. <b>PH-8</b>		02012006 Chg-NP CR2E037 (11/05) <b>61.25</b>	
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>		4. FEI Number <b>APPLIED FOR</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33180</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRISALES-RACINI, OSCAR ESQ. 1911 HARRISON STREET HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent Name <b>GRISALES-RACINI, OSCAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2999 NE 191st Street</b> <b>PH-8</b> City <b>AVENTURA, FL</b> <b>FL</b> Zip Code <b>33180</b>		
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 <b>2/2/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PERCHIK, ELIAS</b> <b>1911 HARRISON STREET</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PERCHIK, ELIAS</b> <b>2999 NE 191st Street PH-8</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>UZANDIZAGA, GUSTAVO</b> <b>1911 HARRISON STREET</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100066829741</b> <b>02/28/06--01050--005 **661.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PINTAR, ERIC</b> <b>1911 HARRISON STREET</b> <b>HOLLYWOOD, FL 33020</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b>			<b>2/2/06 305/792-4911</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					