2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # N0500001367 1. Entity Name 4450 BUILDING OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.					(90037 004 ****	70.00
4450 126TH AVE. SUITE 101 CORAL SPRINGS, FL 33065		Mailing Address 4450 126TH AVE. SUITE 101 CORAL SPRINGS, FL 33065						HENÎLE HE
2. Principal Place of Business		3. Mailing Address			1884 8 8U 8U 8			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-NP	CR2E037 (11/05)
City & State		City & State			4. FEI Number	316425		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	\$8.75 A	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered Agent	
GERBER,	LLOYD		Name					
4450 126TH AVE. SUITE 101		Street Ad		ddress (F	s (P.O. Box Number is Not Acceptable) NW、)2ら、AVENUC・・・			
CORAL SE	PRINGS, FL 33065							
		1	City		-		FL Zip C	ode
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	register	ed agent, or both, i	n the State of Flo	rida. I am familiar wi	h, and accept
		- don id	10-100				1/10/06	
SIGNATURE .		Lloyd A.	uci nev				1110106	
digital one.	Signature, typed or sented name of registered agent	and title if applicable. (NOTE: F		re required	when reinstating)		DATE	
digital forte.			Registered Agent signatur	re required			DATE	. 4-
digitations	Signature. nped or perhyb name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	aign Financing	re required	\$5.00 May Be Added to Fees		DATE ake check payable ida Department of	
10.	Filling Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	0	\$5.00 May Be Added to Fees	Flori	ake check payable	State
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Co	legistered Agent signatur legign Financing ntribution. 11. TIFLE	0	\$5.00 May Be Added to Fees	Flori	ake check payable ida Department of	State IN 10
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12. I hereby certify that the information supplied with this filing floes 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: _

SIGNATURE AND SPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR