


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -2 PM 3:21

DOCUMENT # N05000003869	
1. Entity Name CORAL WEST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O MLM PROPERTY MANAGEMENT 9900 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065 US	Mailing Address C/O MLM PROPERTY MANAGEMENT 9900 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065 US
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2. Principal Place of Business - No P.O. Box # C/O Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Wiles Road City & State Coral Springs FL Zip 33067 Country USA	3. Mailing Address C/O Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City & State Coral Springs FL Zip 33067 Country USA
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06112008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2735502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P. A. 150 S. PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMIANAKIS, PETRESE 11580 NW 43RD ST CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frazier, Michael 11581 NW 44 Street Coral Springs 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMMS, SHERRI 11572 NW 43RD ST CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Simms, Sherri 11572 NW 43 Street Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROJAS, JOSE 11583 NW 43RD CT CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200132310122 07/07/08--01006--009 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, MICHAEL 11581 NW 44TH ST CORAL SPRINGS, FL 33065 <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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 7/2/08 <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: Mitchell Long PRESIDENT Date: 6/12/08 Daytime Phone #: 954-344-5353