


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90218 043 ****61.25

DOCUMENT # N05000005517 1. Entity Name CORAL RIDGE LANDINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4517 NE 21ST AVE FT LAUDERDALE, FL 33308			Mailing Address 4517 NE 21ST AVE FT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # <i>c/o</i> Royal Property Mgmt, Inc. 8317 W. Atlantic Blvd. Coral Springs, FL 33071		3. Mailing Address <i>c/o</i> Royal Property Mgmt, Inc. 8317 W. Atlantic Blvd. Coral Springs, FL 33071		4. FEI Number 20-2915842	
Zip Country USA		Zip Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEENAN, JOHN 4521 N.E. 21ST AVE. FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Royal Property Mgmt, Inc. Street 8317 W. Atlantic Blvd. (table) Coral Springs, FL 33071 City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEENAN, JOHN 4521 NE 21ST AVE FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL VAN DER BRINK 3324 NE 16th STREET FT. LAUDERDALE FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONIWELL, HILTON 4521 NE 21ST AVE. FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILTON BONNIWELL 4521 NE 21st AVE. UNIT 8 Fort Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORMAN, RAEFORD 4521 NE 21ST AVENUE FT. LAUDERDALE, FL 33308	<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	
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.					
SIGNATURE: <i>Hilton Bonniwell</i>			Date 4/25/08		Daytime Phone # 954-757-9292