

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90103 045 ****61.25

DOCUMENT # N05000008808 1. Entity Name CARRINGTON AT COCONUT CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8190 STATE ROAD 84 DAVIE, FL 33324			Mailing Address 8190 STATE ROAD 84 DAVIE, FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3387134	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS, LLP 200 SOUTH BISCAYNE BOULEVARD, STE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP SCHRAGER, MARLENE 8190 STATE ROAD 84 DAVIE, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VANESS, RICHARD 8190 STATE ROAD 84 DAVIE, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARALA, ALEXANDRA 8190 STATE ROAD 84 DAVIE, FL 33324	☐ Delete			
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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>Marlene Schrager</i> 1/6/06 954-370-0003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		