CARRINGTO

8 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90024 032 ****61.25

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1. Entity Name
CARRINGTON AT COCONUT CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8151 PETERS RD STE 1000 PLANTATION, FL 33324	8151 PETERS RD STE 1000 PLANTATION, FL 33324

02062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4804 N. State Rd. 7	4804 N. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33073 Country: USA	Zip: 33073 Country: USA

4. FEI Number: 20-3387134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS, LLP 200 SOUTH BISCAYNE BOULEVARD, STE 3400 MIAMI, FL 33131	Name: Shendell & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable): 3650 North Federal Highway Suite 202 City: Lighthouse Point FL Zip Code: 33064

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: X Shendell President 4-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 8151 PETERS RD STE 1000 PLANTATION, FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P Jeffrey T. Miller 1901 NE 19 St Fort Lauderdale, Fl 33305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HARALA, ALEXANDRA 8190 STATE ROAD 84 DAVIE, FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S T Susan Alonso 4832 N. State Rd. 7 #103 Coconut Creek, FL 33073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PAPALE, MICHAEL 8151 PETERS RD PLANTATION, FL 33324	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D V Valerie Gray 4848 N. State Rd 7 # 305 Coconut Creek, FL 33073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carolina Herrera 730 NW 107 AV - 4th Floor MIAMI, FL 33172	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK GALLO 4852 N. State Rd. 7 #208 Coconut Creek, FL 33073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X Jeffrey T. Miller Jeffrey T. Miller 4/15/08 954-481-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #