

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008808

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

4804 N. STATE RD. 7
COCONUT, FL 33073

New Principal Place of Business:

Current Mailing Address:

4804 N. STATE RD. 7
COCONUT, FL 33073

New Mailing Address:

FEI Number: 20-3387134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHENDELL & ASSOCIATES, P.A.
3650 NORTH FEDERAL HIGHWAY
SUITE 202
LIGHTHOUSE, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILLER, JEFFREY
Address: 1901 NE 19 ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: DST () Delete
Name: ALONSO, SUSAN
Address: 4832 N. STATE RD. 7 #103
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV () Delete
Name: GRAY, VALERIE
Address: 4848 N. STATE RD 7 #305
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: HERRERA, CAROLINA
Address: 730 NW 107 AV-4TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: GALLO, JACK
Address: 4852 N. STATE RD. 7 #208
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: KEEN, KEVIN
Address: 4856 N. STATE RD 7 #103
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARCIA, MANUEL
Address: 4828 N. STATE RD. 7 #108
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY MILLER

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date