

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Mar 24, 2006 8:00 am
Secretary of State

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03-08-2006 90164 018 ****61.25

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03042006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000009471									
1. Entity Name CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUNTY) INC.									
Principal Place of Business 3085 NW 92ND AVE CORAL SPRINGS, FL 33065		Mailing Address 3085 NW 92ND AVE CORAL SPRINGS, FL 33065							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BALSAMO, ANGELA 3069 NW 92ND AVE, CORAL SPRINGS, FL 33065				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.									
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</p> <table border="0"> <tr> <td>Filing Fee is \$61.25 Due by May 1, 2006</td> <td>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></td> <td>\$5.00 May Be Added to Fees</td> <td>Make check payable to Florida Department of State</td> </tr> </table>						Filing Fee is \$61.25 Due by May 1, 2006	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
Filing Fee is \$61.25 Due by May 1, 2006	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	P BALSAMO, ANGELA 3069 NW 92ND AVE CORAL SPRINGS, FL 33065	<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	V BERNULA, BONNY L 3085 NW 92ND AVE CORAL SPRINGS, FL 33065	<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	S TAYLOR, SUSAN 3087 NW 92ND AVE. CORAL SPRINGS, FL 33065	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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					
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:		3/1/06 954-255-1223 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #							



ATTACHMENT
10606945

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUNTY) INC
3085 NW 92ND AVE
CORAL SPRINGS, FL 33065

Subject: **CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUNTY)**

Reference Number:

N05000009471

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION