2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011845

FILED Sep 28, 2006 Secretary of State

Entity Name: CORAL HILLS CONDOMINIUM ASSOCIATION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1919 N. STATE ROAD 7 SUITE 105 MARGATE, FL 33063	1876 N UNIVERSITY DR 200 G-H PLANTATION, FL 33322 US
Current Mailing Address:	New Mailing Address:
1919 N. STATE ROAD 7 SUITE 105 MARGATE, FL 33063	1876 N UNIVERSITY DR 200 G-H PLANTATION, FL 33322 US
FEI Number: 11-3768244 FEI Number Applied For() FEI Nur In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t	nber Not Applicable () Certificate of Status Desired () the prior notice.
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MELLINGER & FEUERSTEIN, P.A. 225 N.E. MIZNER BLVD. SUITE 300 BOCA RATON, FL 33432 US	MELLINGER, DARIN W ESQ ROTH, ROUSSO & KATSMAN, L.L.P. 18851 NORTHEAST 29TH AVENUE SUITE 900 AVENTURA, FL 33180 US
The above named entity submits this statement for the purpose on the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: DARIN WADE MELLINGER	09/28/2006
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: () Delete Name: Address: City-St-Zip:	Title: MR. () Change (X) Addition Name: BUTO, ROBERT A P,S,D Address: 1876 N UNIVERSITY SUITE 200H City-St-Zip: PLANTATION, FL 33322 US
Title: () Delete Name: Address: City-St-Zip:	Title: MR. () Change (X) Addition Name: GONZALEZ, ALEXANDER VP,T,D Address: 1876 N UNIVERSITY SUITE 200H City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXANDER GONZALEZ VP 09/28/2006