


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003667 1. Entity Name CORAL NINE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1700 UNIVERSITY DR., SUITE 110 CORAL SPRINGS, FL 33071	Mailing Address 1700 UNIVERSITY DR., SUITE 110 CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5982284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITTELBERG & NICOSIA, PA
 1700 UNIVERSITY DR., SUITE 110
 CORAL SPRINGS, FL 33071

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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 _____ (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

1000000947273
 06/02/08-80007-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAKHEIM, ROBERT 1700 UNIVERSITY DR., SUITE 110 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENNIE, JIM 1700 UNIVERSITY DR., SUITE 110 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENBERG, PERCY 1700 UNIVERSITY DR., SUITE 110 CORAL SPRINGS, FL 33071
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/29/08 Daytime Phone #: 612-203-075