2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N06000007340

Entity Name: CORAL TRACE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1930 HARRISON ST STE #502
HOLLYWOOD, FL 33020

New Principal Place of Business:

3990 SHERIDAN STREET
SUITE 214
HOLLYWOOD, FL 33021

Current Mailing Address:

48 E FLAGLER ST
PH 101
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-5188011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LERMAN AND LERMAN PA
78 E FLAGLER ST (PH101)
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LERMAN AND LERMAN PA
48 E FLAGLER ST (PH101)
MIAMI, FL 33131 US

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: _____ 03/25/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENENSON, ALAN
Address: 1930 HARRISON ST STE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete
Name: SHER, MICHAEL
Address: 1930 HARRISON ST STE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: MACKENSON, BERNARD
Address: 2605 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: ASD ( ) Delete
Name: LERMAN, JORGE
Address: 48 E FLAGLER ST (PH101)
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: BENENSON, ALAN
Address: 1930 HARRISON ST STE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD (X) Change ( ) Addition
Name: ACEVEDO, CHRIS
Address: 2605 WEST ATALNTIC AVE SUITE D102
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD (X) Change ( ) Addition
Name: STRASSWIMMER, JOHN
Address: 2605 W ATLANTIC AVE SUITE D204
City-St-Zip: DELRAY BEACH, FL 33444

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

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: JORGE LERMAN ASD 03/25/2009
Electronic Signature of Signing Officer or Director — Date