2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2005 8:00 am Secretary of State 03-01-2005 90074 005 ****61.25

DOCUMENT # NOCOCO
DOCUMENT # N06828
1. Entity Name
TAGE TAGE OF CORAL CORPLICA COLUCA



ASSOCIA	TION, INC.			11						
2085 UNIVERSITY DR 201		Mailing Address 2085 UNIVERSITY DR CORAL SPRINGS, FL 330	085 UNIVERSITY DR			50021246				
2. Principal Pl	ane of Rusiness	3. Mailing Address,								
8856 N. University Dr · 2855 N			versity	i afemer en eem	E CHIEL LELIE (1886) LE	m fidii andu bia	m driftt gram Ere	inst et let		
Suite, Apt,	#, etc. P. 3/0	Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 3/0			01132005 Chg-NP CR2E037 (10/03)				
City & State	Carlon Mar	City & State				4. FEI Number Applied For 59-2684236 Applied For Net Applied For				
Zip	Country	Zip	Country		5. Certificate of S			\$8.75 Add	t Applicable litional	
3304	8. Name and Address of Current I	33005 Registered Agent	115_		7. Name and Ad			Fee Require	ď.	
CHIARENZ			Name_(Chi	orenia,	Cole				
2085 UNIV	ERSITY DR		Street A	dross (P.O. Box Number is	Not Acceptab	Ry Dr.			
CORAL SP	RINGS, FL 33071		Sul	Te	310		100			
			CICO	ral.	Springs		FL	Zip Cod	-	
	named entity submits this statement for	r the purpose of changing its re	gistered office or	register	<u> </u>	the State of F	lorida, i am	familiar with,	and accept	
រោម បញ្ជាផ្នុងរ	ions of registered agent.					•				
SIGNATURE .	Signature, typed or printed name of registered agent a	end trip & engineering (NATTE: R	legistered Agent signetu		t when constation)		DATE			
						Te recommend		WAR TO A	Co. W. 30	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		rida Dopar	k payable t tinent of S		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND DI		I 10	
TITLE NAME	PD VELOZ, YADRIA	☐ Delete	TITLE NAME	٠		11) d		Change	Addition	
STREET ADDRESS	8946 W SAMPLE RD		STREET ADDRESS	CO	rect spe	lling or	-h/ 57	rnam	o is	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZP		<u> 790</u>	ira				
TITLE Name	TD MALLEN, DAVE	☐ Deligite	TITLE NAME					Change	Addition	
STREET ADDRESS	8958 UNIVERSITY DR		STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS, FL 33065 SD	OP Delete	CITY-ST-ZIP	310	retary			☐ Change	Addition	
NAME	OPPENHEIMER, BARBARA	CAST Detecto	NAME	Ka	יפוז לוו ומיזוח	ll det		L'I CHENGO	Light Modition	
STREET ACCRESS	8944 W SAMPLE RD CORAL SPRINGS, FL 33065	-	STREET ADDRESS		iami, FL	22//0	• . –			
TITLE	CONTE OF MINGO, I'E GOOD	☐ Delete	TITLE	- 1	nami je L	33147		☐ Change	Addition	
NAME			NAME CONTENTS ADDRESSED							
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Defete	TITLE					☐ Change	Addition	
NAME STREET ADORESS			NAME Street Address	1						
CITY-ST-ZIP	:		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE -					Change	☐ Addition	
NAME STREET ADDRESS	. Charles		NAME STREET ADDRESS			٠.	aj eg ajab e President		.4	
CITY-ST-ZIP	71 *** \$# *		CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee expen- or on an attachment with an address, it	this filing does not qualify for the true and accurate and that my	he exemption state signature shall h	ted in Se ave the	ection 119.07(3)(i), F same legal effect as	forida Statutes if made unde	. I further cer roath; that I	rtily that the i	nformation or director	
or the cor changed,	poration or the receiver or trustee erope, or on an attachment with an address,	with all other like empowered.	s required by Cha	ipter 61	7, Florida Statutes; ε	ind that my nai	ne appears i	in Block 10 o	r Block 11 if	
SIGNAT	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				(1)	13/05				
SIGITAL	SKINATORE AND TYPEDOR	PRINTED HAME OF SIGNING OFFICER OF	DIRECTOR			Detre		Deyome Phone #		