## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N06828**



FILED
Feb 23, 2007 8:00 am
Secretary of State
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	'ILLAGE OF CORAL SPRIN ATION, INC.	IGS CONDOMINIUM							
Principal Place of Business 2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065  2. Principal Place of Business - No P.O. Box #		Mailing Address 2855 N UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065  3. Mailing Address			40023223				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032007 CH	ng-NP	CR2E	37 (12/06)	
City & State		City & State			4. FEI Number 59-268423	6		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I	Registered	Agent	
CHIARENZA, CJ			Name						
	NIVERSITY DR		Street Addre		O. Box Number is I	Vot Acceptable	le)		
STE 310									
CORAL SE	PRINGS, FL 33065		-						
			City				FI	Zip Coo	le
8 The above	named entity submits this statement for	or the nurnose of changing its re	edistered office o	r registere	diagent or both in	the State of Fi			and accent
	tions of registered agent.	A this purpose of offeringing no to	.g.o.o.o.o		o agom, or bom, iii	ino oraco on re	ortag. Tari		and dobop.
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SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signar	ture required w	rhen reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing		\$5.00 May Be Added to Fees		Make che	k payable t	
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Coi	paign Financing	_ ;	5.00 May Be	Flo	Nake cheo rida Depa	rtment of S	tate
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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: 🚄

1. Entity Name

Daytime Phone #