

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/27/2008-90040-013-\$70.00-\$70.00

DOCUMENT # N07000007816
 1. Entity Name *
CORAL TOWN PARK VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2189 WEST 60TH STREET SUITE 205 2189 WEST 60TH STREET SUITE 205
 HIALEAH FL 33016 HIALEAH FL 33016

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **16-1745997** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

FILED
 08 AUG 20 PM 1:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
SOLOMON & FURSHMAN, LLP
1666 KENNEDY CAUSEWAY SUITE 302
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and the local office. (NOTE: Registered Agent signature req. used when re-registering) DATE

FILE NOW; FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANO, JOSE E. 2189 WEST 60TH STREET SUITE 205 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FANO, TANIA 2189 WEST 60TH STREET SUITE 205 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, MAYELIN 2189 WEST 60TH STREET SUITE 205 HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

4/28/08 *301164222*