

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N08617			
1. Entity Name CORAL SPRINGS COMMERCIAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 12323 NORTHWEST 35TH STREET CORAL SPRINGS FL 33065		Mailing Address 12323 NORTHWEST 35TH STREET CORAL SPRINGS FL 33065	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2360241** ☐ Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HOFFER, ALLEN R. 12329 N.W. 35TH ST. CORAL SPRINGS FL 33065		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

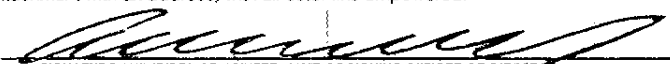
**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	VP HOFFER, ALLEN R. 12329 N.W. 35TH ST. CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000067523 02/27/04-80003-011 61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOGUTH, DEBBIE 12329 NW 35TH ST CORAL SPRGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREWER, PAUL E 12321 NW 35TH ST CORAL SPRGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2/26/2004**