2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
02-25-2008 90036 020 ****61.25

DOCUMENT # N25707

1. Entity Name
CORAL SUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE ROD #203 CORAL SPRINGS, FL 33065 US	C/O CONDO MANAGEMENT ALTERNATIVE, INC. POST OFFICE BOX 8506 CORAL SPRINGS, FL 33075

02162008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9365 W. SAMPLE ROAD #203	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0075842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONDO MANAGEMENT ALTERNATIVE, INC. C/O CONDO MANAGEMENT ALTERNATIVE, INC, 9365 W. SAMPLE ROD #203 CORAL SPRINGS, FL 33065	Name Street Address (P.O. Box Number Is Not Acceptable) 9365 W. SAMPLE ROAD #203 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	DS GIZA, BEMARD 4953 RIVERSIDE DR. CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIZA, BERNARD PO BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TODD, DOREEN 4961 RIVERSIDE CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TODD, DOREEN PO BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GREENHILL, RICHARD 4945 RIVERSIDE DRIVE CORAL SPRINGS, FL 33067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AVENA-ROSE-MARIE PO BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALEXANDRICH, JON 5005 RIVERSIDE DR. CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREENHILL, RICHARD PO BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDRICH, JON PO BOX 8506 CORAL SPRINGS, FL 33075	☐ Change ☒ Addition
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 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: _____ 3-1808 954-752-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #