

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N28781

1. Entity Name
CORAL SPRINGS COMMUNITY CHEST, INC.



Principal Place of Business
**2528 UNIVERSITY DRIVE, SUITE 117
CORAL SPRINGS, FL 33065**

Mailing Address
**P.O. BOX 9891
CORAL SPRINGS, FL 33065**



03272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0087583** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MIRABELLO, PATRICIA
9551 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE **CC**
NAME **BERK, MAUREEN**
STREET ADDRESS **11979 EAGLE TRUCE BLVD N.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33971**

TITLE **TVC**
NAME **MIRABELLO, PAT**
STREET ADDRESS **6301 NW 5TH WAY, STE 2600**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE **VP**
NAME **ZAITZ, JANICE**
STREET ADDRESS **2895 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700000484001
14/12/06-80061-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Patricia Mirabello / Patricia Mirabello 3/27/06 954 344-5907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #