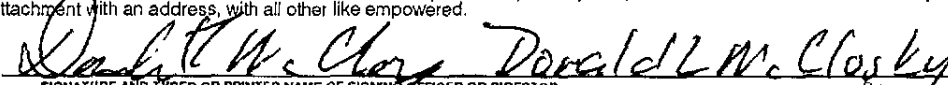


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N44355					
1. Entity Name CORAL RIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O DON MCCLASKY 2 OCEANVIEW DR, #6 BOYNTON BEACH FL 33435 US			Mailing Address C/O DON MCCLASKY 2 OCEANVIEW DR, #6 BOYNTON BEACH FL 33435 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0275648	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLASKEY, DON 2 OCEANVIEW DR, #6 BOYNTON BEACH FL 33435				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BIEBEL, RICHARD		NAME		
STREET ADDRESS	2 OCEANVIEW DRIVE, #3		STREET ADDRESS		
CITY- ST- ZIP	OCEAN RIDGE FL 33435		CITY- ST- ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PHILLIP, JEFF		NAME		
STREET ADDRESS	2 OCEANVIEW DR, #3		STREET ADDRESS		
CITY- ST- ZIP	OCEAN RIDGE FL 33435		CITY- ST- ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCCLOSKEY, DONALD		NAME		
STREET ADDRESS	2 OCEANVIEW DR, #6		STREET ADDRESS		
CITY- ST- ZIP	OCEAN RIDGE FL 33435		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:  Donald L. McCloskey 561-272-6619					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					