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

Apr 22, 2008 8:00 am DOCUMENT # N44355 Secretary of State 1. Entity Name 04-22-2008 90017 033 ****61.25 CORAL RIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O DON MCCLASKY 2 OCEANVIEW DR, #6 C/O DON MCCLASKY 2 OCEANVIEW DR, #6 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0275648 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCLASKEY, DON Street Address (P.O. Box Number is Not Acceptable) 2 OCEANVIEW DR, #6 **BOYNTON BEACH FL 33435** 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. Lam familiar with, and accept the obligations of registered agent. 1 SIGNATURE . Signature, typed or printed name of registered agent and the if applicable. (NOTE: Begistered Agent signature required ween reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 2 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ■ Addition BIEBEL, RICHARD NAME NAME STREET ADDRESS 2 OCEANVIEW DRIVE, #3 STREET ADDRESS VPD OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP 2 OCPHNUIEW DE VPD TITLE Delete. TITLE Change Addition HOLMAN, COLLEEN NAME NAME 2 OCEAN VIEW DR SUITE 3 OCEAURIDEC EVA STREET ADDRESS STREET ADDRESS OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE Change Addition MCCLOSKEY, DONALD NAME NAME 2 OCEANVIEW DR. #6 STREET ADDRESS STREET ADDRESS OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP Dalete TITLE TITLE Change neilibbA 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

FILED

SIGNATURE: