

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44355

FILED
Mar 02, 2009
Secretary of State

Entity Name: CORAL RIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O DON MCCLASKY
2 OCEANVIEW DR, #6
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

C/O DON MCCLOSKEY
2 OCEANVIEW DR, #6
BOYNTON BEACH, FL 33435 US

Current Mailing Address:

C/O DON MCCLASKY
2 OCEANVIEW DR, #6
BOYNTON BEACH, FL 33435 US

New Mailing Address:

C/O DON MCCLOSKEY
2 OCEANVIEW DR, #6
BOYNTON BEACH, FL 33435 US

FEI Number: 65-0275648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLASKEY, DON
2 OCEANVIEW DR, #6
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

MCCLOSKEY, DON
2 OCEANVIEW DR, #6
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: DONALD MCCLOSKEY

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BIEBEL, RICHARD
Address: 2 OCEANVIEW DRIVE, #3
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD () Delete
Name: SIEBLE, JOAN
Address: 2 OCEAN VIEW DR SUITE 3
City-St-Zip: OCEAN RIDGE, FL 33435

Title: SD () Delete
Name: MCCLOSKEY, DONALD
Address: 2 OCEANVIEW DR, #6
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD MCCLOSKEY

SD

03/02/2009

Electronic Signature of Signing Officer or Director

Date