## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 25, 2005 8:00 am Secretary of State

DOCUMENT # N50123  1. Entity Name THE ARBORS AT CORAL CREEK ASSOCIATION, INC.									01-25-	-2005 9	90058 03	10 ****6	1.25
Principal Place of Business  953 UNIVERSITY DR  POMPANO BEACH, FL 33071  PO BOX 8726  CORAL SPRINGS, FL 330									[  <b>             </b>	:	0064		
2. Principat Place of Business			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			•	01072005	Chg-NF	•	CR2E03	37 (10/03)	
City & State			Cit	City & State			4. FEI Number 65-0370574						oplied For ot Applicable
Zip	Zip Country		Zip	Zip		Country		5. Certificate	of Status D	esired)		<b>\$8.75</b> Add Fee Require	
	6. Name an	d Address of Curren	t Registere	d Agent .				7. Name and	Address o	of New Ro	egistered /	\gent	
WHITTIE	JOHN C					- Namo	-	<del></del>		·		· <del></del>	
WHITTLE, JOHN C 953 UNIVERSITY DR CORAL SPRINGS, FL 33071						Street Addre	ddress (P.O. Box Number is Not Acceptable)						
						City					FL	Zip Cod	
	named entity su tions of registere	ubmits this statement ed agent.	for the purp	ose of changing its i	registen	ed office or regi	gistere	d agent, or bot	h, in the St	tate of Flo	rida, I am	familiar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent agrecure required when remaining)  DATE													
-	Signature, typed or p	rinted name of registered age	nt and tale if app	licable. (NOTE	Registere	d Agent signature rec	equred w	hen reinstating)			DATE		
<u> </u>	Filing Fee i Due by May	s \$61.25	nt and title if app	9. Election Carr Trust Fund C	paign F	inancing		\$5.00 May B Added to Fees	e		ake checi	cpayable t	
10.	Filing Fee i	s \$61.25	,	9. Election Carr	paign F	inancing		\$5.00 May B		Flori	ake checi da Depar	tment of S	tete
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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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #