

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

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000053

1. Entity Name
**COULTER ESTATES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**10565 SW 128 TERRACE
MIAMI, FL**

Mailing Address
**10565 SW 128 TERRACE
MIAMI, FL**

DO NOT WRITE IN THIS SPACE



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0644507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRODNICK, WILLIAM
10565 SW 128 TERRACE
MIAMI, FL**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRODNICK, WILLIAM
10565 SW 128 TERRACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ESPINOSA, JOHN
10605 SW 128 TERRACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROSENKRANZ, NEIL
10600 SW 128 TERRACE
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000524801
05/04/06-80004-009 61.25

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:

William Grodnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

(305) 255-7292
Daytime Phone #