

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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**



04072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-0644507**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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)

11000000927000

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

05/20/08-80111-009 61.25

**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**

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

*4/8/08*  
Date

*(305) 883-5926*  
Daytime Phone #