

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90481 016 \*\*\*\*61.25

**DOCUMENT # N96000006424**

1. Entity Name  
**THE CORAL CREST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**MEB MANAGEMENT SERVICES, INC.**  
**19501 NE 10TH AVE., STE 300**  
**MIAMI, FL 33179**

Mailing Address  
**MEB MANAGEMENT SERVICES, INC.**  
**19501 NE 10TH AVE., STE 300**  
**MIAMI, FL 33179**

**50017835**



2. Principal Place of Business

3. Mailing Address

**Unlimited Property  
Management, LLC**  
**7655 NW 50 Street**  
**Miami, Florida 33166**  
**305-553-9731**

**Unlimited Property  
Management, LLC**  
**7655 NW 50 Street**  
**Miami, Florida 33166**  
**305-553-9731**

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0724454**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MEB MANAGEMENT SERVICES, INC.**  
**19501 NE 10TH AVE., STE 300**  
**MIAMI, FL 33179**

Name

Street A

City

**Unlimited Property  
Management, LLC**  
**7655 NW 50 Street**  
**Miami, Florida 33166**  
**305-553-9731**

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. 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 reconstituting)

DATE

*4/22/06*

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME **TOLEDO, MARIA DEL C**  
STREET ADDRESS **15280 SW 80TH ST #1**  
CITY-STATE-ZIP **MIAMI, FL 33193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **TD** ☐ Delete  
NAME **BERGARA, MARILYN**  
STREET ADDRESS **15270 SW 80TH ST. #13**  
CITY-STATE-ZIP **MIAMI, FL 33193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE SD ☐ Delete  
NAME **CENTRA, NAYCE**  
STREET ADDRESS **15260 SW 80 ST, # 15**  
CITY-STATE-ZIP **MIAMI, FL 33193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Maria Del Carmen Toledo* *4/27/06*

*305-553-9731*