

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90108 005 ****61.25

DOCUMENT # N96000006424 1. Entity Name THE CORAL CREST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business UNLIMITED PROPERTY MGMT LLC 7655 NW 50 ST MIAMI, FL 33166		Mailing Address UNLIMITED PROPERTY MGMT LLC 7655 NW 50 ST MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # Full Service Property Mgmt 4744 NW 114 Ave #105 Suite, Apt. #, etc. 4744 NW 114 Ave #105		3. Mailing Address 4744 NW 114 Ave Suite, Apt. #, etc. Ste 105	
City & State Doral Florida		City & State Doral, FL	
Zip 33178		Country DADE	
4. FEI Number 65-0724454		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNLIMITED PROPERTY MGMT LLC 7655 NW 50 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Deanis J. Eisinger-P.A. Street Address (P.O. Box Number is Not Acceptable) President Circle Suite 265-S 4000 Hollywood Blvd City Hollywood FL Zip Code 33021	
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 <u><i>Deanis J. Eisinger</i></u> <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOLEDO, MARIA DEL C 15280 SW 80TH ST #1 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGARA, MARILYN 15270 SW 80TH ST. #13 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CENTRA, NAYCE 15260 SW 80 ST. #.15 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Deanis J. Eisinger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	