

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

DOCUMENT # N96000006424

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



Principal Place of Business

FULL SERVICE PROPERTY MGMT
4744 NW 114 AVE #105
DORAL, FL 33178

Mailing Address

FULL SERVICE PROPERTY MGMT
4744 NW 114 AVE #105
DORAL, FL 33178

DO NOT WRITE IN THIS SPACE

**FILED
Jan 24, 2008 8:00 am
Secretary of State**

01-24-2008 90046 014 ****61.25



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0724454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EISINGER, P.A., DENNIS I
PRESIDENT CIRCLE SUITE 265-5
4000 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

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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: Reg. Agent's signature required when reinstating)

DATE:

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

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 TOLEDO, MARIA DEL C 15280 SW 80TH ST #1 MIAMI, FL 33193
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	SD CENTRA, NAYCE 15260 SW 80 ST, # 15 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Wheeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #