

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003870

FILED
May 06, 2009
Secretary of State

Entity Name: CORAL CREEK REPLAT NO. 3 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0848736 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITTLE, JOHN
C/O INTEGRITY PROPERTY MANAGEMENT
953 UNIVERSITY DR
POMPAN0 BEACH, FL 33071 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHNELL, HERMAN
Address: 5109 NW 57TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD () Delete
Name: SCHNEIDER, STEVE
Address: 5101 NW 57TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: STD () Delete
Name: PONLIN, GEOFFREY
Address: 5169 NW 57TH DR
City-St-Zip: POMPAN0 BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN SCHNELL

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date