2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000058974

1. Entity Name
D&M CORAL SPRINGS PARK, INC.

Principal Place of Business	Mailing Address
498 MARINER DRIVE	498 MARINER DRIVE
JUPITER, FL 33477	JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

02012008　　No Chg-P　　CR2E034 (11/05)

4. FEI Number	Applied For
65-0690106	Not Applicable

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

6. Name and Address of Current Registered Agent

FLORA, DOMENCIA M
498 MARINER DRIVE
JUPITER, FL 33477

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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)　　DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FLORA, MICHAEL J
STREET ADDRESS	498 MARINER DRIVE
CITY-ST-ZIP	JUPITER, FL 33477

TITLE	DVST
NAME	FLORA, DOMENICA M
STREET ADDRESS	498 MARINER DRIVE
CITY-ST-ZIP	JUPITER, FL 33477

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: _____ 2/3/08 (561) 575-9962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #