

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90273 021 \*\*\*150.00

<b>DOCUMENT # P99000066743</b> 1. Entity Name <b>CORAL CLUB APARTMENTS, INC.</b>					
Principal Place of Business <b>7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434</b>			Mailing Address <b>7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434</b>		
2. Principal Place of Business <b>7900 Glades Rd.</b>		3. Mailing Address <b>7900 Glades Rd.</b>		  01132005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite #600</b>		Suite, Apt. #, etc. <b>Suite #600</b>			
City & State <b>Boca Raton, FL.</b>		City & State <b>Boca Raton, FL.</b>			
Zip                      Country <b>33434                      Palm Beach</b>		Zip                      Country <b>33434                      Palm Beach</b>			
4. FEI Number <b>65-0936317</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SAUER, SHERI 7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <b>7900 Glades Rd. Suite #600</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33434</b>				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: <b>Sheri Sauer</b> <b>4/19/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, HAROLD</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Harold Toppel</b> STREET ADDRESS <b>7900 Glades Rd. Suite #600</b> CITY-ST-ZIP <b>Boca Raton, FL. 33434</b>		TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, PATRICIA</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, PATRICIA</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, JONATHAN D</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SAWYER, JENNIFER A</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, JONATHAN D</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, JENNIFER A</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, JEFFREY R</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, JEFFREY R</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, MICHAEL A</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Micahel A Toppel</b> STREET ADDRESS <b>7900 Glades Rd. Suite #600</b> CITY-ST-ZIP <b>Boca Raton, FL. 33434</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TOPPEL, MICHAEL A</b> STREET ADDRESS <b>7900 GLADES ROAD SUITE 420</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		TITLE <b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Micahel A Toppel</b> STREET ADDRESS <b>7900 Glades Rd. Suite #600</b> CITY-ST-ZIP <b>Boca Raton, FL. 33434</b>		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Harold Toppel President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/19/05</b> <small>Daytime Phone #</small> <b>561-451-4696</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	