2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00
Secretary of State

DOCUMENT # P99000066743

1. Entity Name
CORAL CLUB APARTMENTS, INC.

Principal Place of Business	Mailing Address
7900 GLADES ROAD SUITE 600 BOCA RATON, FL 33434	7900 GLADES ROAD SUITE 600 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0936317

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAUER, SHERI
7900 GLADES ROAD, STE 600
BOCA RATON, FL 33434

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000468383
03/24/06-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOPPEL, HAROLD
STREET ADDRESS	7900 GLADES ROAD, STE 600
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	TOPPEL, PATRICIA
STREET ADDRESS	7900 GLADES ROAD, STE 600
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VD
NAME	TOPPEL, JONATHAN D
STREET ADDRESS	7900 GLADES ROAD, STE 600
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	SAWYER, JENNIFER A
STREET ADDRESS	7900 GLADES ROAD, STE 600
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	TOPPEL, JEFFREY R
STREET ADDRESS	7900 GLADES ROAD, STE 600
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VD
NAME	TOPPEL, MICHAEL A
STREET ADDRESS	7900 GLADES ROAD, STE 600
CITY-ST-ZIP	BOCA RATON, FL 33434

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2. 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: Michael Toppel 3/13/06 561-451-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #