2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# 708618

Entity Name: 1500 CORAL TOWERS CONDOMINIUM, INC.

Current Principal Place of Business:

1500 N. E. 127TH STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1500 N. E. 127TH STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 59-1118683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARDNER, MARY
1500 NE 127TH STREET
106
N MIAMI, FL 33161

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: GARDNER, MARY
Address: 1500 NE 127TH ST
City-St-Zip: N MIAMI, FL

Title: D ( ) Delete
Name: ROSS, CHARLES W
Address: 1500 NE 127TH ST APT 314
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD ( ) Delete
Name: FREEMAN, MARY
Address: 1500 NE 127TH ST APT 303
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete
Name: WINANS, TONY
Address: 1500 NE 127 STREET #110
City-St-Zip: MIAMI, FL 33161

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:

Title: VP (X) Change ( ) Addition
Name: NOLTON, PATRICIA
Address: 1500 NE 127 STREET #307
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA NOLTON VP 04/02/2004

Electronic Signature of Signing Officer or Director Date