## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2006 8:00 am Secretary of State

1. Entity Nam CORAL S	MENT # 720624  EA OF SINGER ISLAND CONTION, INC.	DNDOMINIUM		03-06-2006 90010 022 ****61.25	
Principal Plac 605 BELVED SUITE 6 WEST PALM		Mailing Address 605 BELVEDERE ROAD SUITE 6 WEST PALM BEACH, FL	33405		
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006 Chg-NP CR2E037 (11/05)	
City & Stat	8	City & State		4. FEI Number Applied For 59-1367894 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Search \$8.75 Additional Fee Required	
	- 6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent—	
CLARK, D.	ANIEL C.P.A.		Name		
605 BELVEDERE ROAD SUITE 6		Street A	Street Address (P.O. Box Number is Not Acceptable)		
WEST PAL	_M BEACH, FL 33405				
			City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .				,	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating) DATE	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Add	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Make check payable to	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing entribution.	*\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR  PD GALLETTI, SANDRA 3930 NORTH OCEAN DRIVE 215 SINGER ISLAND, FL 33404 SD	9. Election Cam Trust Fund Co	paign Financing ontribution.  11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	
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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 617, 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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SACRESSORY

Date

Date

Description Prior & 9910