


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 720624

1. Entity Name
CORAL SEA OF SINGER ISLAND CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business 605 BELVEDERE ROAD SUITE 6 WEST PALM BEACH, FL 33405	Mailing Address 605 BELVEDERE ROAD SUITE 6 WEST PALM BEACH, FL 33405
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01232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1367894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, DANIEL C.P.A.
605 BELVEDERE ROAD
SUITE 6
WEST PALM BEACH, FL 33405

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

1100000613930
02/06/07-80005-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, E. ANTHONY 400 LINDEN OAKS OFFICE PK ROCHESTER, NY 14625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIACOMINI, JOHN 3930 N OCEAN DR 130 WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORSCHER, ERIC 400 LINDEN OAKS OFFICE PK ROCHESTER, NY 14625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENLE, EDWARD 3930 N OCEAN DR 128 SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAUE, GARRETT 400 LINDEN OAKS OFFICE PARK ROCHESTER, NY 14625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 like empowered.

SIGNATURE: _____ *1/26/07* *561-266-991*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #