

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90111 018 ****70.00

DOCUMENT # 728740

1. Entity Name
~~THE~~ CORAL CAY PLANTATION MOBILE HOME OWNERS ASSOCIATION, INC. *(PLEASE CHANGE)*

Owned HOMEOWNERS



Principal Place of Business
 6103 COLONIAL DRIVE
 MARGATE, FL 33063

Mailing Address
 6354 NW 29 PLACE
 MARGATE, FL 33063

50026083



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03072005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARCONI, FRED
 2904 NW 61ST AVENUE
 MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	DIPUMA, JOHN	
STREET ADDRESS	6614 NW 29 PLACE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAPPELLI, ANNE	
STREET ADDRESS	2914 NW 65 TERR.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	INSALACO, JOANN	
STREET ADDRESS	6544 BRANDYWINE DR. W	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DESALVATORE, ALFONSO	
STREET ADDRESS	6801 NW 29 PLACE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGONNELL, JOANNE	
STREET ADDRESS	6354 NW 29 PLACE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SEWTEC, VIRGINIA	
STREET ADDRESS	6519 BRANDYWINE DR. S	
CITY-ST-ZIP	MARGATE, FL 33063	

11. OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPUMA, JOHN	
STREET ADDRESS	6614 NW 29TH PLACE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGONNELL, JOANNE	
STREET ADDRESS	6354 NW 29TH PLACE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRA, ANNAMARIE	
STREET ADDRESS	6713 NW 28TH ST.	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSIELLO, JOHN	
STREET ADDRESS	6419 NW 28TH LANE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESALVATORE, ALFONSO	
STREET ADDRESS	6801 NW 29TH PLACE	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGERMEISTER, MINDY	
STREET ADDRESS	6417 BRANDYWINE DR. NORTH	
CITY-ST-ZIP	MARGATE, FL. 33063	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Alfonso Desalvatore* _____ DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
~~#~~ 728740
50026083

TO WHOM IT MAY CONCERN:

AS PER OUR BY-LAWS THE NAME OF THE ASSOCIATION IS AS FOLLOWS:

CORAL CAY PLANTATION HOMEOWNERS ASSOCIATION INC.

PLEASE MAKE THE NECESSARY CORRECTION.

SINCERELY
ALFONSO DESALVATORE
TREASURER

P.S. I HAVE ALSO MADE THE NECESSARY CHANGES CONCERNING OUR
NEWLY ELECTED BOARD OF OFFICERS.