


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90052 001 ****70.00

DOCUMENT # 728740							
1. Entity Name CORAL CAY PLANTATION HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 6103 COLONIAL DRIVE MARGATE, FL 33063			Mailing Address 6354 NW 29 PLACE MARGATE, FL 33063				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MARCONI, FRED 2904 NW 61ST AVENUE MARGATE, FL 33063			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIPUMA, JOHN		NAME	McGonnell, JoAnne			
STREET ADDRESS	8614 NW 29 PLACE		STREET ADDRESS	6354 NW 29th Place			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGONNELL, JOANNE		NAME	Morra Annamarie			
STREET ADDRESS	6354 NW 29 TH PLACE		STREET ADDRESS	6713 NW 29th Street			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRA, ANNAMARIE		NAME	Garguilo, Michael			
STREET ADDRESS	6713 NW 28TH STREET		STREET ADDRESS	6531 NW 29th Street			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSIELLO, JOHN		NAME	Track, Rosalyn			
STREET ADDRESS	6419 NW 28TH LANE		STREET ADDRESS	2916 NW 61 Avenue			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DESALVATORE, ALFONSO		NAME				
STREET ADDRESS	8801 NW 29 TH PLACE		STREET ADDRESS				
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP				
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEGERMEISTER, MINDY		NAME	Segermeister, Mindy			
STREET ADDRESS	6417 BRANDYWINE DR NORTH		STREET ADDRESS	6417 Brandywine Dr North			
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	Margate, FL 33063			
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: <u>JoAnne McGonnell JoAnne McGonnell</u> 2/1/06 954-969-9877							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							