


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

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90021 040 \*\*\*\*70.00

|  |                          |  |  |   |                                   |
|--|--------------------------|--|--|---|-----------------------------------|
| <b>DOCUMENT # 728740</b>   |                          |  |  |  |                                   |
| 1. Entity Name<br>CORAL CAY PLANTATION HOMEOWNERS ASSOCIATION, INC.  |                          |  |  |   |                                   |
| Principal Place of Business<br>6103 COLONIAL DRIVE<br>MARGATE, FL 33063  |                          |  | Mailing Address<br>6354 NW 29 PLACE<br>MARGATE, FL 33063 |   |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                          |  | 3. Mailing Address                                       |   |                                   |
| Suite, Apt. #, etc.  |                          |  | Suite, Apt. #, etc.                                      |   |                                   |
| City & State   |                          |  | City & State   |   |                                   |
| Zip  |                          | Country  | Zip  |   | Country                           |
| 6. Name and Address of Current Registered Agent  |                          |  |  | 7. Name and Address of New Registered Agent                                       |                                   |
| MARCONI, FRED<br>2904 NW 61ST AVENUE<br>MARGATE,, FL 33063   |                          |  |  | Name  |                                   |
|  |                          |  |  | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
|  |                          |  |  | City  | FL                                |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                          |  |  |   |                                   |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |                                   |
| <b>Make check payable to Florida Department of State</b>   |                          |  |  |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |   |                                   |
| TITLE  | PD                       | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | MCGONNELL, JOANNE        |  | NAME   |   |                                   |
| STREET ADDRESS   | 6354 NW 29TH PLACE       |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | MARGATE, FL 33063        |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | VD                       | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | MORRA, ANNAMARIE         |  | NAME   |   |                                   |
| STREET ADDRESS   | 6713 NW 28TH STREET      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | MARGATE, FL 33063        |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | VD                       | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | GARGUILO, MICHAEL        |  | NAME   | Track, Rosalyn  |                                   |
| STREET ADDRESS   | 6531 NW 29TH STREET      |  | STREET ADDRESS   | 2916 NW 61 Avenue   |                                   |
| CITY-ST-ZIP  | MARGATE, FL 33063        |  | CITY-ST-ZIP  | Margate, FL 33063   |                                   |
| TITLE  | VD                       | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | TRACK, ROSALYN           |  | NAME   | Sylvia Elaine   |                                   |
| STREET ADDRESS   | 2916 NW 61 AVENUE        |  | STREET ADDRESS   | 6330 NW 29 Street   |                                   |
| 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   | 6801 NW 29 TH PLACE      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | MARGATE, FL 33063        |  | CITY-ST-ZIP  |   |                                   |
| TITLE  | SD                       | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | SEGERMEISTER, MINDY      |  | NAME   |   |                                   |
| STREET ADDRESS   | 6417 BRANDYWINE DR NORTH |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP  | MARGATE, FL 33063        |  | CITY-ST-ZIP  |   |                                   |
| 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</u>   |                          | Date: <u>2/21/07</u> 954-969-9877  |  |   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                          | <small>Daytime Phone #</small>   |  |   |                                   |