


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90013 002 ****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 - No P.O. Box #
6103 Colonial Dr

3. Mailing Address
6103 Colonial Dr

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State
Margate FL

City & State
Margate FL 33063

Zip Country
33063 USA

Zip Country
33063 USA

4. FEI Number
NOT APPLICABLE

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, 2008

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	PD	<input type="checkbox"/> Delete
NAME	MCGONNELL, JOANNE	
STREET ADDRESS	6354 NW 29TH PLACE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRA, ANNAMARIE	
STREET ADDRESS	6713 NW 28TH STREET	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRACK, ROSALYN	
STREET ADDRESS	2916 NW 61 AVENUE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SYLVIA, ELAINE	
STREET ADDRESS	6330 NW 29 STREET	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DESALVATORE, ALFONSO	
STREET ADDRESS	6801 NW 29 TH PLACE	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEGERMEISTER, MINDY	
STREET ADDRESS	6417 BRANDYWINE DR NORTH	
CITY-ST-ZIP	MARGATE, FL 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRA, ANNAMARIE	
STREET ADDRESS	6713 NW 28th Street	
CITY-ST-ZIP	Margate FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGONNELL, JOANNE	
STREET ADDRESS	6354 NW 29 PLACE	
CITY-ST-ZIP	Margate FL 33063	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACK, ROSALYN	
STREET ADDRESS	2916 NW 61 Avenue	
CITY-ST-ZIP	Margate FL 33063	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA, ELAINE	
STREET ADDRESS	6330 NW 29th Street	
CITY-ST-ZIP	Margate FL 33063	
TITLE	VD	<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	TD	<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 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: [Signature] Date: 2/17/08 Daytime Phone #: 9549698079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40028821

#728740

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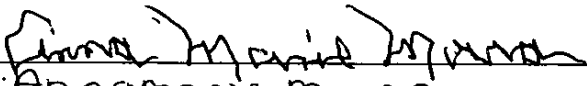
CORAL CAY PLANTATION HOMEOWNERS ASSOCIATIONS, INC.

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CONTINUATION OF OFFICERS AND DIRECTORS

TITLE: SD
ADDITION
NAME: BARRA, RACHEL
STREET ADDRESS: 2915 NW 62 AVE
CITY-ST-ZIP: MARGATE, FL 33063

TITLE: D
ADDITION
NAME: VAN LENTEN, KAREN
STREET ADDRESS: 2903 NW 62ND AVE
CITY-ST-ZIP: MARGATE, FL 33063

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SIGNATURE 
PRINT NAME: Annamarie Marra

DATE: 2.12.08

DAYTIME PHONE # 954 969 8079