2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004
Secretary of State

DOCUMENT# 746154

Entity Name: CORAL LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1124
PORT SALERNO, FL 34992

New Principal Place of Business:

PO BOX 124
PORT SALERNO, FL 34992

Current Mailing Address:

PO BOX 1124
PORT SALERNO, FL 34992 US

New Mailing Address:

PO BOX 124
PORT SALERNO, FL 34992 US

FEI Number: 59-2543656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVITT, PETER
5391 STERLING CIRCLE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CAVITT, PETER
Address: 5391 STERLING CIRCLE
City-St-Zip: STUART, FL 34997

Title: DV ( ) Delete
Name: MOSES, DAVE
Address: 5341 STERLING CIR
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: OAKLAND, COLLEEN
Address: 2193 OPAL WAY
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: TOLVE, KEN
Address: 5101 STERLING CIR
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete
Name: STECKLEY, SHARON
Address: 5221 STERLING CIR
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: COLE, CHRISTY
Address: 5311 SE STERLING CIR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER D. CAVITT DP 09/03/2004
Electronic Signature of Signing Officer or Director Date