2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90108 047 ****61.25

DOCUMENT # 746154

1. Entity Name

CORAL LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 124 PORT SALERNO FL 34992	PO BOX 124 PORT SALERNO FL 34992 US

1st MOORE CR2E037 (10/04)

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 59-2543656 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAVITT, PETER
5391 STERLING CIRCLE
STUART FL 34997

7. Name and Address of New Registered Agent

Name KENNETH TOLVE
Street Address (P.O. Box Number is Not Acceptable) 5101 SE STERLING CIRCLE
City STUART FL Zip Code 34997

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 Kenneth Tolve 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAVITT, PETER 5391 STERLING CIRCLE STUART FL 34997	☐ Delete	TITLE D MM NAME michelle MacFarland STREET ADDRESS 4917 SE Jewel Ct CITY-ST-ZIP Stuart FL 34997	☐ Change	☒ Addition
TITLE VP DH NAME STREET ADDRESS CITY-ST-ZIP	DV MOSES, DAVE President 5341 STERLING CIR STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME CD STREET ADDRESS CITY-ST-ZIP	D OAKLAND, COLLEEN 2193 OPAL WAY STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME KT STREET ADDRESS CITY-ST-ZIP	D TOLVE, KEN 5101 STERLING CIR STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STECKLEY, SHARON 5221 STERLING CIR STUART FL 34997	☒ Delete	TITLE S VP NAME Nancy Kenna STREET ADDRESS 2053 SE Opal Way CITY-ST-ZIP Stuart FL 34997	☐ Change	☒ Addition
TITLE NAME CC STREET ADDRESS CITY-ST-ZIP	T COLE, CHRISTY 5311 SE STERLING CIR STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #