2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State
07-10-2003 90114 049 ****61.25

DOCUMENT # 746154

1. Entity Name
CORAL LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CORAL LAKES COMMUNITY P.O. BOX ~~6048~~ 124 Port Salerno ~~STUART FL 34995-6477~~ 34992	P. O. BOX ~~6048~~ 124 Port Salerno ~~STUART FL 34995-6477~~ US 34992

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Coral Lakes Home Association	
Suite, Apt. #, etc. PO Box 124	Suite, Apt. #, etc. PO Box 124
City & State Port Salerno FL	City & State Port Salerno FL
Zip 34992 Country USA	Zip 34992 Country 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	7. Name and Address of New Registered Agent
CAVITT, PETER 5391 STERLING CIRCLE STUART FL 34997	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 _____
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~WALTERS, ROBERT~~ ~~2202 OPAL WAY~~ STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Dave Moses 5341 Sterling Circle Stuart FL 34997 ☐ Change ☐ Addition
TITLE / NAME / 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 / STREET ADDRESS / CITY-ST-ZIP	DV ~~MANERO, DANIEL~~ ~~5180 GEM DR~~ STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ken Tolve 5101 Sterling Circle Stuart FL 34997 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ S ~~KENNA, NANCY~~ ~~2089 OPAL WAY~~ STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sharon Steckley 5221 Sterling Circle Stuart FL 34997 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~PARKER, SHIRLEY~~ ~~2160 SE OPAL WAY~~ 5311 SE Sterling Circle STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Christy Cole 5311 SE Sterling Circle Stuart FL 34997 ☐ Change ☐ Addition

CR2E037 (10/02)

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 Required~~ Christy Cole 7-1-03 772-221-2247