

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004313

FILED  
Jul 20, 2009  
Secretary of State

Entity Name: CORAL SHORES ATHLETIC BOOSTER CLUB, INC.

**Current Principal Place of Business:**

256 JASMINE STREET  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 586  
TAVERNIER, FL 33070

**New Mailing Address:**

FEI Number: 71-0891657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MULICK, NICHOLAS W  
91645 OVERSEAS HWY  
TAVERNIER, FL 33070      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: VP      ( ) Delete  
Name: BASSETT, DIANA  
Address: 125 COCONUT LANE  
City-St-Zip: ISLAMORADA, FL 33036

Title: T      ( ) Delete  
Name: PINDER, BARBARA  
Address: 177 N COCONUT LN  
City-St-Zip: TAVERNIER, FL 33070

Title: P      ( ) Delete  
Name: BIONDOLETTI, TRISH  
Address: 256 JASMINE ST  
City-St-Zip: TAVERNIER, FL 33070

Title: S      ( ) Delete  
Name: BUSH, ANNE MARIE  
Address: 187 AZALEA STREET  
City-St-Zip: TAVERNIER, FL 33070

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRISH BIONDOLETTI

P

07/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date