



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-11-2005 90176 033 ****61.25

DOCUMENT # N04000009752					
1. Entity Name CORAL KEY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3410 N HARBOR CITY BLVD MELBOURNE, FL 32935		Mailing Address 3410 N HARBOR CITY BLVD MELBOURNE, FL 32935			
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 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARKIN, DAVID G 3410 N HARBOR CITY BLVD MELBOURNE, FL 32935			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 _____ <small>Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	President			TITLE	NAME
	MARK D. PETRANT				STREET ADDRESS
	2609 CONWAY ISLAND				CITY - ST - ZIP
	MELBOURNE, FL 32901				
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: 				4/27/05	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	