

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90026 019 ****61.25

DOCUMENT # N09082
 1. Entity Name
 CORAL LAKE AT BOCA RATON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US	Mailing Address 951 BROKEN SQUAD PKWY, SUITE 250 BOCA RATON, FL 33434 US
--	--

34021204

DO NOT WRITE IN THIS SPACE



02102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0287140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MESSINGER, JOEL
 951 BROKEN SOUND PKWY STE 250
 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUCHS, LOUIS 9498 BOCA RIVER CIR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANDEIS, JANE LASMAN 9392 BOCA RIVER CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IMBURGIO, JOANN 9412 BOCA RIVER CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIES, WILLIAM 9397 BOCA RIVER CIR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TURCHIARELLI, DANIEL 9416 BOCA RIVER CIR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Please delete the name Lasman for Jane Brandeis TD

Thank you

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 empowerers.

SIGNATURE: Louis Fuchs 3-5-04 (561) 994-1788
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #