


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

2/ **FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90015 027 \*\*\*\*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**

**66008315**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0287140**

5. Certificate of Status Desired  **\$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**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is **\$61.25** Due by **May 1, 2006**

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>PD Charles Sturgell 9473 Boca River Cir Boca Raton Fla 33434</b>	
		<b>VPO FRANK SAGNELLA 9477 Boca River Cir Boca Raton Fla 33434</b>	
		<b>TD Robert J Stekel 9378 Boca River Cir Boca Raton Fla 33434</b>	
		<b>SD Karen Molloy 9525 Boca River Cir Boca Raton Fla 33434</b>	
		<b>D. Lorraine Sonntag 9422 Boca River Cir Boca Raton Fla 33434</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert J. Stekel **Robert J. Stekel (TD)** 29 Mar 06 561-483-1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #