

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 018 ****61.25

DOCUMENT # N43590

1. Entity Name
FAY'S COVE AT CORAL BAY VILLAGE ASSOCIATION, INC.



Principal Place of Business
**8360 W. OAKLAND PARK BLVD
SUITE 301
FORT LAUDERDALE, FL 33351 US**

Mailing Address
**% ALLIANCE PROPERTY SYSTEMS
PO BOX 452199
FORT LAUDERDALE, FL 33345**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0404365

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

**VALANCY, STEVE
311 SE 13TH STREET
FT. LAUDERDALE, FL 33316**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **DT** ☐ Delete
NAME **MCGUIRE, NINA A**
STREET ADDRESS **6386 BUENA VISTA DR**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **DP** ☒ Delete
NAME **BERGER, ERNEST**
STREET ADDRESS **6527 AMBERJACKE TERR.**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **SD** ☐ Delete
NAME **HALL, JOHN**
STREET ADDRESS **6421 FRENCH ANGEL TERRACE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/T** ☐ Change ☒ Addition
NAME **Lisa K Aldrich**
STREET ADDRESS **6416 Rock Beauty Terr**
CITY-ST-ZIP **Margate, FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Nina McGuire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05