

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43591

FILED
Apr 23, 2011
Secretary of State

Entity Name: ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

W BUENA VISTA DRIVE
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

4801 S UNIVERSITY DRIVE
132
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0404359 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: P
Name: GORDON, MICHAEL
Address: 3090 W BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: S
Name: SPAVENTO, ANTONIO
Address: 3194 W. BUENA VISTA DR.
City-St-Zip: MARGATE, FL 33063

Title: VP
Name: SWANSON, MARK
Address: 3162 W. BUENA VISTA DR.
City-St-Zip: MARGATE, FL 33063

Title: T/D
Name: MORI, WILLIAM
Address: 3179 W. BUENA VISTA DR.
City-St-Zip: MARGATE, FL 33063

Title: D
Name: NGUYN, JOHN
Address: 3266 W. BUENA VISTA DR.
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL GORDON

P/D

04/23/2011

Electronic Signature of Signing Officer or Director

Date