

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

40014861

<b>DOCUMENT # 720624</b> 1. Entity Name <b>CORAL SEA OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O 3850 LAKE WORTH ROAD SUITE 4 LAKE WORTH, FL 33461</b>		Mailing Address <b>C/O 3850 LAKE WORTH ROAD SUITE 4 LAKE WORTH, FL 33461</b>	
2. Principal Place of Business <b>605 Belvedere Road</b>		3. Mailing Address <b>605 Belvedere Road</b>	
Suite, Apt. #, etc. <b>Suite 6</b>		Suite, Apt. #, etc. <b>Suite 6</b>	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>33405</b>	Country	Zip <b>33405</b>	Country
6. Name and Address of Current Registered Agent <b>ZACHARIA, HYMAN J CPA 3850 LAKE WORTH ROAD SUITE 4 LAKE WORTH, FL 33461</b>		7. Name and Address of New Registered Agent Name <b>Clark, Daniel CPA</b> <b>605 Belvedere Road</b> <b>Suite 6</b> City <b>West Palm Beach</b> <b>FL</b> <b>33405</b>	
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 <i>[Signature]</i> <b>Sandra Galletti, President</b> DATE <b>2-1-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENLE, EDWARD 3930 N. OCEAN DR., #128 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Galletti, Sandra 3930 N. Ocean DR., #215 Singer Island, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLANSFIELD, CHARLES 3930 N. OCEAN DR., #216 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wright, Brenice 3930 N. Ocean DR., #111 Singer Island, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD- MCKWEENY, DONALD 3930 N. OCEAN DR., #120 SINGER ISLAND, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC McDougal, Robert 3930 N. Ocean DR., #121 Singer Island, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Lee, Geraldine 3930 N. Ocean DR., #225 Singer Island, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerkovich, Joseph Jr. 3930 N. Ocean DR., #123 Singer Island, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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: <i>[Signature]</i> <b>Sandra Galletti</b> <b>1/31/05</b> <b>561-655-8711</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			