

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 007 ****61.25

DOCUMENT # 721385

1. Entity Name
CORALAIR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4940 VINCENNES ST
CAPE CORAL, FL 33904**

Mailing Address
**P. O. BOX 100831
CAPE CORAL, FL 33910-0831 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1378777

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.
2517 Santa Barbara Blvd., #11
Cape Coral, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 PD ☒ Delete
NAME ROBERTSON, NORMAN
STREET ADDRESS 4940 VINCENNES ST., 104
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE Pres. ☐ Change ☒ Addition
NAME Schroder, John
STREET ADDRESS 1051 SE 20th Ct.
CITY-ST-ZIP Cape Coral, FL 33990

TITLE D ☒ Delete
NAME BURACK, GEORGE
STREET ADDRESS 4940 VINCENNES ST., 102
CITY-ST-ZIP CAPE CORAL, FL 33904

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

TITLE D ☐ Delete
NAME MOBARK, LOUIS
STREET ADDRESS 4940 VINCENNES ST., 110
CITY-ST-ZIP CAPE CORAL, FL 33904

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

TITLE STD ☐ Delete
NAME MERRIAM, BARBARA
STREET ADDRESS 4940 VINCENNES ST., 106
CITY-ST-ZIP CAPE CORAL, FL 33904

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

TITLE VP ☒ Delete
NAME DECKER, ROBERT
STREET ADDRESS 4940 VINCENNES ST #10
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE Via Pres. ☐ Change ☐ Addition
NAME Carl Mag none
STREET ADDRESS 111 Horseshoe Hill Rd.
CITY-ST-ZIP Pound Ridge, NY 10576

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

Daytime Phone #