

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721385

FILED
Apr 23, 2012
Secretary of State

Entity Name: CORALAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4940 VINCENNES ST
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

C/O GPM INC
1319 MIRAMAR ST STE 101
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-1378777 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZUNINO, PAOLA
GPM, INC.
1319 MIRAMAR ST STE 101
CAPE CORAL, FL 33904 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: PD
Name: MOBARK, LOUIS
Address: 56 FULLER SHORES
City-St-Zip: LAKEVILLE, MA 02347 US

Title: TD
Name: MACNEILL, DONALD
Address: 4940 VINCENNES ST
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP
Name: MAGNONE, CARL
Address: 111 HORSESHOE HILL RD
City-St-Zip: POUND RIDGE, NY 10576 US

Title: SD
Name: ERNEST, PATRICIA
Address: 4940 VINCENNES ST #101
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D
Name: GERIS, DONALD F
Address: 4940 VINCENNES ST
City-St-Zip: CAPE CORAL, FL 33904 US

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: LOUIS MOBARK

PD

04/23/2012

Electronic Signature of Signing Officer or Director

Date