

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90361 005 ****61.25

DOCUMENT # 721866

1. Entity Name
CORAL HAVEN ASSOCIATION, INC.



Principal Place of Business
**10016 SW 23RD STREET
MIAMI, FL 33165 US**

Mailing Address
**PO BOX 650701
MIAMI, FL 33265 US**

60029722



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2498488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ERVESUN, CELI
10016 SW 23RD STREET
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

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, 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

| | | |
|----------------|----------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ERVESUN, CELI | |
| STREET ADDRESS | 10016 SW 23RD STREET | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | HASSELMANN, VIVIANA | |
| STREET ADDRESS | 10217 SW 21 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ZALDIVAR, SILVIA | |
| STREET ADDRESS | 10216 SW 21 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ORTEGA, CARLOS A | |
| STREET ADDRESS | 2060 SW 102 COURT | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUÑOL, MIRIAM | |
| STREET ADDRESS | 10109 SW 22 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | AJA-WHITE, IVONNE | |
| STREET ADDRESS | 10008 SW 20 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | TERESA A. MARTINEZ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 3201 SW 84 CT | |
| STREET ADDRESS | MIAMI, FL 33155 | |
| CITY-ST-ZIP | | |
| TITLE | EMILIO VALDES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 10209 SW 21 TER | |
| STREET ADDRESS | MIAMI, FL 33165 | |
| CITY-ST-ZIP | | |
| TITLE | ANIELA ORTEGA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2060 SW 102 CT | |
| STREET ADDRESS | MIAMI, FL 33165 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

CADATEA TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

