

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721866

FILED
Apr 24, 2009
Secretary of State

Entity Name: CORAL HAVEN ASSOCIATION, INC.

Current Principal Place of Business:

10016 SW 23RD STREET
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 650701
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 59-2498488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERVESUN, CELI
10016 SW 23RD STREET
MIAMI, FL 33165 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 () Delete
Name: ERVESUN, CELI
Address: 10016 SW 23RD STREET
City-St-Zip: MIAMI, FL 33165

Title: S () Delete
Name: ZALDIVAR, SILVIA
Address: 10216 SW 21 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: T () Delete
Name: ORTEGA, CARLOS A
Address: 2060 SW 102 COURT
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: SUNOL, MIRIAM
Address: 2060 SW 102 CT
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ORLEGA, ANEIBY
Address: 2060 SW 102 CT
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS ORTEGA

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date