

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90154 041 ****61.25

DOCUMENT # 724643 1. Entity Name CORAL CAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O AMERICAN CONDO MANAGEMENT 909 SE 47TH TERR., #165 CAPE CORAL, FL 33904 US			Mailing Address C/O AMERICAN CONDO MGMT PO BOX 100399 CAPE CORAL, FL 33910		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 615 Cape Coral Pkwy W #103		Suite, Apt. #, etc.			
City & State CAPE CORAL, FL		City & State			
Zip 33914		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KASE, SUSAN C/O AMERICAN CONDO MANAGEMENT 909 SE 47TH TERR., #165 CAPE CORAL, FL 33904				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				615 Cape Coral Pkwy W #103	
				City CAPE CORAL FL Zip Code 33914	
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD RODMAN, SAM 606 SE 6TH ST #C CAPE CORAL, FL 33990	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JASPE, MARY 606 SE 6TH ST #G CAPE CORAL, FL 33990	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RISCHMILLER, R. F. 2410 SW 50TH LANE CAPE CORAL, FL 33914	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Sam Rodman</u>		Date: <u>4/26/06</u>		Daytime Phone: <u>542-4404</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Sam Rodman