# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007 8:00 am**
**Secretary of State**
04-30-2007 90384 042 ****61.25

DOCUMENT # 726177

1. Entity Name
CORAL APARTMENTS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 209 CLEVELAND AVE.<br>COCOA BEACH, FL 32931 | 209 CLEVELAND AVE.<br>COCOA BEACH, FL 32931 |

04162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIBERDY, DONALD
209 CLEVELAND AVE
B-1
COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | STRUMSKI, SOPHIE |
| STREET ADDRESS | 209 CLEVELAND AVE A-3 |
| CITY-ST-ZIP | COCOA BCH., FL 32931 |
| TITLE | VD |
| NAME | JENNINGS, HENRY |
| STREET ADDRESS | 200 CLEVELAND AVE B-3 209 |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 |
| TITLE | PD |
| NAME | CLARK, SUZIANNE |
| STREET ADDRESS | 3165 N. ATLANTIC A308 |
| CITY-ST-ZIP | COCOA BEACH, FL |
| TITLE | TD |
| NAME | RIBERBY, DON RIBERDY |
| STREET ADDRESS | 209 CLEVELAND AVE. 1B |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 |
| TITLE | SD |
| NAME | SPITER, JUDD SPITZER |
| STREET ADDRESS | 7369 CARILLON AVE |
| CITY-ST-ZIP | COCOA, FL 32927 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Donald Riberdy 4-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

321-785-7345