

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740162

FILED
Apr 03, 2009
Secretary of State

Entity Name: CORAL WINDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3618 NE 18TH PL.
CAPE CORAL, FL 33909

New Principal Place of Business:

2180 MARAVILLA LN.
110
FT. MYERS, FL 33901

Current Mailing Address:

3618 NE 18TH PL.
CAPE CORAL, FL 33909

New Mailing Address:

2180 MARAVILLA LN.
110
FT. MYERS, FL 33901

FEI Number: 65-0979031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, CARMEN N
3618 NE 18TH PL
CAPE CORAL, FL 33909 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: STD () Delete
Name: CONNOR, MARLENE
Address: 1011 SE 40 STREET # B
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD () Delete
Name: CONLEY, ROBERT
Address: 1011 SE 40 STREET #A
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: KALINOSKI, JAMES
Address: 1011 SE 40 ST., #C
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: CONNOR, MARLENE
Address: 2180 MARAVILLA LN.
City-St-Zip: FT. MYERS, FL 33901

Title: VPD (X) Change () Addition
Name: CONLEY, ROBERT
Address: 2180 MARAVILLA LN.
City-St-Zip: FT. MYERS, FL 33901

Title: PD (X) Change () Addition
Name: CONLEY, ELLEN
Address: 2180 MARAVILLA LN.
City-St-Zip: FT. MYERS, FL 33901

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: CARMEN N. MORALES

MGR

04/03/2009

Electronic Signature of Signing Officer or Director

Date