## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#740162** 

FILED Apr 27, 2012 Secretary of State

Entity Name: CORAL WINDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2481 DEL PRADO BLVD. N. 615 CAPE CORAL PKWY WEST

STE# 107, PMB# 25 101

CAPE CORAL, FL 33909 CAPE CORAL, FL 33914

Current Mailing Address: New Mailing Address:

2481 DEL PRADO BLVD. N. 615 CAPE CORAL PKWY WEST

STE# 107, PMB# 25

CAPE CORAL, FL 33909 CAPE CORAL, FL 33914

FEI Number: 65-0979031 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORALES, CARMEN N
2481 DEL PRADO BLVD. N.
STE# 107, PMB# 25

KASE, SUSAN
615 CAPE CORAL PKWY WEST
101

CAPE CORAL, FL 33909 US CAPE CORAL, FL 33914 US

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: SUSAN KASE 04/27/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: STD

Name: CONNOR, MARLENE

Address: 2481 DEL PRADO BLVD. N. #107, PMB#25

City-St-Zip: CAPE CORAL, FL 33909

Title: VPD

Name: CONLEY, ROBERT

Address: 2481 DEL PRADO BLVD. N. #107, PMB#25

City-St-Zip: CAPE CORAL, FL 33909

Title: PD

Name: CONLEY, ELLEN

Address: 2481 DEL PRADO BLVD. N. #107, PMB#25

City-St-Zip: CAPE CORAL, FL 33909

I hereby 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 all other like empowered.

SIGNATURE: ELLEN CONLEY PRES 04/27/2012