FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740689** **(5)**

1. Corporation Name

CORAL SHORES EAST HOMEOWNERS ASSOCIATION,INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 7243 BRADENTON FL 34210	P O BOX 7243 BRADENTON FL 34210

3. Date Incorporated or Qualified: **11/02/1977**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2052663** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has ability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

ENGLISH, JAMES
5010 CORAL LAKE DR
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name: David Scherer
82 Street Address (P.O. Box Number is Not Acceptable): 5008 Mangrove Point Road
83
84 City: Bradenton **FL** 85 Zip Code: 34210

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David Scherer, Treasurer 04-29-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEYL, MICHAEL 5016 MANGROVE PT RD BRADENTON, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD Bob Mckernan 5003 Mangrove Point Road Bradenton, FL 34210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, L M 5020 MANGROVE PT RD BRADENTON FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D George Krapf 4908 Mangrove Point Road Bradenton, FL 34210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ENGLISH, JAMES 5010 CORAL LAKE DR BRADENTON, FL 00000	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD Connie Wiggin 4812 Mangrove Point Road Bradenton, FL 34210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHERER, DAVID 5008 MANGROVE PT RD BRADENTON, FL 00000	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAMITON, CHARLES 5008 89TH ST WEST BRADENTON, FL 00000	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VD Lan Campoin 225 Magellan Drive Sarasota, FL 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMERSON, BOB 5104 89TH ST W BRADENTON FL	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Scherer 04-29-95 813-795-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043A03