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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740689

1. Corporation Name

CORAL SHORES EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7243
BRADENTON FL 34210

P.O. BOX 7243
BRADENTON FL 34210



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/02/1977

4. FEI Number

59-2052663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

OSTIGUY, LEO E
4616 CORAL LAKE DR
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKERNAN, BOB	
STREET ADDRESS	5003 MANGROVE POINT ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORGAARD, ORLAN	
STREET ADDRESS	4615 MANGROVE POINT RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WIGGIN, CONNIE	
STREET ADDRESS	4812 MANGROVE POINT ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OSTIGUY, LEO E.	
STREET ADDRESS	4616 CORAL LAKE DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLSEN, FRED	
STREET ADDRESS	4808 89TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAPF, GEORGE	
STREET ADDRESS	4908 MANGROVE POINT RD	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TINDAL, DONALD	
1.3 STREET ADDRESS	4811 MANGROVE POINT ROAD	
1.4 CITY-ST-ZIP	BRADENTON FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORDELO TANIA M.	
3.3 STREET ADDRESS	8916 44TH AVE. WEST	
3.4 CITY-ST-ZIP	BRADENTON FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GUIDAY, ETHEL	
5.3 STREET ADDRESS	4503 MANGROVE POINT ROAD	
5.4 CITY-ST-ZIP	BRADENTON FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SWEENEY, GEORGE	
6.3 STREET ADDRESS	4908 CORAL LAKE DRIVE	
6.4 CITY-ST-ZIP	BRADENTON FL	

14. I hereby certify that the information supplied with this filing 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Treasurer

3/26/99 941-792-2772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #