


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 001 ****61.25

DOCUMENT # 740689	
1. Entity Name CORAL SHORES EAST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business P O BOX 793 CORTEZ, FL 34215	Mailing Address P O BOX 793 CORTEZ, FL 34215
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40034500



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2052663	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NEELEY, VANGIE 4803 MANGROVE POINT RD BRADENTON, FL 34210	
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7. Name and Address of New Registered Agent	
Name William Clark	
Street Address (P.O. Box Number is Not Acceptable) 4527 Mangrove Point Rd	
City Bradenton	FL Zip Code 34210

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 William Clark, President William C. Clark 3-6-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEELEY, VANGIE 4803 MANGROVE POINT RD BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EIFFERT, MIKE 4604 CORAL LAKE DR BRADENTON, FL 34210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMILTON, CHARLES 5008 CORAL LAKE DR BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, BRENDA 4532 MANGROVE POINT RD BRADENTON, FL 34210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBB, MARILYN 4516 MANGROVE POINT RD BRADENTON, FL 34210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLKOSKY, TOM 5007 MANGROVE POINT ROAD BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William Clark 4527 Mangrove Point Rd Bradenton, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eiffert, Mike 4604 Coral Lake Dr. Bradenton, FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Pettit 4611 Mangrove Point Rd Bradenton, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robb, Marilyn 4516 Mangrove Point Rd Bradenton, FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Chip Edwards 8916 44th Ave Dr W. Bradenton, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: William C. Clark 3-6-07 794-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William C. Clark