2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750747

FILED Jan 20, 2005 Secretary of State

Entity Name: CORAL TIDES CONDOMINIUM ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:
580 BRIN' POMPAN	Y AVE. O BEACH, FL 330625808	
Current N	Nailing Address:	New Mailing Address:
580 BRIN' POMPAN	Y AVE. O BEACH, FL 330625808	
FEI Number	r: 59-2159036 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1330 SE 3	OSEPH P. BRD TERRACE O BCH., FL 33060 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete REILLY, JOSEPH, 1330 SE 3RD TERRACE POMPANO BCH., FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	D () Delete	Title: D (X) Change () Addition
Name: Address: City-St-Zip:	WEBER, CHARLES 2400 SW 44TH TERR FT LAUDERDALE, FL	Title: D (X) Change () Addition Name: TAVARES, EUGENE Address: 2425 VILLAGE LANE City-St-Zip: TITUSVILLE, FL
Vame: Address:	WEBER, CHARLES 2400 SW 44TH TERR	Name: TAVARES, EUGENE Address: 2425 VILLAGE LANE
Name: Address: City-St-Zip: Title: Name: Address:	WEBER, CHARLES 2400 SW 44TH TERR FT LAUDERDALE, FL S () Delete GLOMSKI, ANTHONY 3246 NW 47TH AVE	Name: TAVARES, EUGENE Address: 2425 VILLAGE LANE City-St-Zip: TITUSVILLE, FL Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	WEBER, CHARLES 2400 SW 44TH TERR FT LAUDERDALE, FL S () Delete GLOMSKI, ANTHONY 3246 NW 47TH AVE COCONUT CREEK, FL D () Delete MILLER, BONNIE 2045 NE 24TH AVE 5	Name: TAVARES, EUGENE Address: 2425 VILLAGE LANE City-St-Zip: TITUSVILLE, FL Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH P. REILLY PRES 01/20/2005