2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# 750747

Entity Name: CORAL TIDES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

580 BRINY AVE.
POMPANO BEACH, FL 330625808

New Principal Place of Business:

Current Mailing Address:

580 BRINY AVE.
POMPANO BEACH, FL 330625808

New Mailing Address:

FEI Number: 59-2159036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REILLY, JOSEPH P.
1330 SE 3RD TERRACE
POMPANO BCH., FL 33060 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	REILLY, JOSEPH,	
Address:	1330 SE 3RD TERRACE	
City-St-Zip:	POMPANO BCH., FL	
Title:	T	( ) Delete
Name:	TAVARES, EUGENE	
Address:	2425 VILLAGE LANE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	S	( ) Delete
Name:	TAVARES, LINDA	
Address:	2425 VILLAGE LANE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	MILLER, BONNIE	
Address:	2045 NE 24TH AVE 5	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	WALSH, ARTHUR	
Address:	6322 NW 20 ST	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	( ) Delete
Name:	ARNESEN, JACK	
Address:	424 NORTH RIVERSIDE DRIVE #204	
City-St-Zip:	POMPANO BEACH, FL 33062	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 P 02/06/2008
Electronic Signature of Signing Officer or Director — Date