

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750825

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** CORAL MOTEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

483 E SHORE DRIVE  
CLEARWATER BEACH, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

483 E SHORE DRIVE  
CLEARWATER BEACH, FL 33767 US

**New Mailing Address:**

**FEI Number:** 59-2115056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICCIARDI, DEBORAH S P  
4303 BRAEMERE DRIVE  
SPRING HILL, FL 34609 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: RICCIARDI, DEBORAH S P  
Address: 4303 BRAEMERE DRIVE  
City-St-Zip: SPRING HILL, FL 34609 US

Title: T ( ) Delete  
Name: MITCHELL, RICHARD S T  
Address: 4 SMITH STREET  
City-St-Zip: CHELMSFORD, MA 01824 US

Title: S ( ) Delete  
Name: BABCOCK, SUSAN S  
Address: PO BOX 801  
City-St-Zip: OZONA, FL 34660 US

Title: D ( ) Delete  
Name: FOX, RALPH D  
Address: 39 PINE RIDGE ROAD  
City-St-Zip: BUZZARDS BAY, MA 02532 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: BABCOCK, SUSAN VP  
Address: PO BOX 801  
City-St-Zip: OZONA, FL 34660 US

Title: S (X) Change ( ) Addition  
Name: CHAMPAGNE, CHERYL S  
Address: 20 WOLF HILL ROAD #7F  
City-St-Zip: WOLCOTT, CT 06716 US

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: RICHARD S. MITCHELL

T

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date