


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 757560 1. Entity Name CORAL SHORES CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 6524 SUPERIOR AVENUE SARASOTA, FL 34231	Mailing Address 6524 SUPERIOR AVENUE SARASOTA, FL 34231
---	---



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2657057	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent STRINGER MANAGEMENT, INC. 6524 SUPERIOR AVENUE SARASOTA, FL 34231
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIEBNER, URSULA 9022 MIDNIGHT PASS RD #1 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO ANSHUTZ, PATRICIA 9022 MIDNIGHT PASS RD. #8 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FOX, TOM 9022 MIDNIGHT PASS #5 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000178535
01/10/05-80093-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ursula Siebner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/05 941 922 4959
Date Daytime Phone #