


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FC Number: **59-2657057** Approved For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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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: *Ursula Siebner* DATE: *1/20/07*

Signature, Florida, printed name of registered agent and the filer (NOTE: Registered Agent Signature required when changing) DATE

Filing Fee is **\$61.25** Due by **May 1, 2007**

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

10. OFFICERS AND DIRECTORS

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

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 01/29/07-80042-015 61.25

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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 I've empowered.

SIGNATURE: *Ursula Siebner Pres* DATE: *1/20/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #