


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90013 008 \*\*\*\*61.25

<b>DOCUMENT # 757560</b> 1. Entity Name CORAL SHORES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6524 SUPERIOR AVENUE SARASOTA, FL 34231	Mailing Address 6524 SUPERIOR AVENUE SARASOTA, FL 34231
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**DO NOT WRITE IN THIS SPACE**

40000000



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2657057	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

STRINGER MANAGEMENT, INC.  
6524 SUPERIOR AVENUE  
SARASOTA, FL 34231

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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 Ursula Siebner DATE 1/4/08

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	VPD ANSHUTZ, PATRICIA 9022 MIDNIGHT PASS RD. #8 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>STD</del> VPD FOX, TOM 9022 MIDNIGHT PASS #5 SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>STD</del> John Dumbaugn 9022 MIDNIGHT PASS RD #4 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE: Ursula Siebner DATE 1/4/08 DAYTIME PHONE # 941 922 4959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR