


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

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 758523 1. Entity Name CORAL BAYVIEW I CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business % ROBERT GERGER 152 HAVENSHIRE RD ROCHESTER, NY 14625	Mailing Address % ROBERT GERGER 152 HAVENSHIRE RD ROCHESTER, NY 14625
---	---



01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2276083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ-ARCHE, LISSY
1123 SW 48TH TER
APT 101
CAPE CORAL, FL 33914**

**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 title if applicable. (NOTE: Registered Agent signature required when registering) 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	STD GERGER, ROBERT 152 HAVENSHIRE RD ROCHESTER, NY 14625,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACCARELLA, NICHOLAS 7 FRANCIS DRIVE PENFIELD, NY 14526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARUSSA, GINO 1733 GLORIA DR FAIRPORT, NY 14450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000326404
04/23/05-80054-021 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)(i), 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 filers empowered.

SIGNATURE:  **4/21/05** **585-621-5223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #