


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 758523</b>	
1. Entity Name CORAL BAYVIEW I CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O ALBERTA SHORT 10867 GRAND CYPRESS NORTH FORT MYERS, FL 33903 US	Mailing Address C/O ALBERTA SHORT 10867 GRAND CYPRESS NORTH FORT MYERS, FL 33903 US
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01122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2276083	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 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	STD SHORT, ALBERTA 10867 GRAND CYPRESS CT NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000762499  
 05/29/07-80011-009 70.00

**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:**

*Alberta Short*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

Daytime Phone #