


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90035 037 \*\*\*\*61.25

DOCUMENT # 758523 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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PEREZ-ARCHE, LISSY 1123 SW 48TH TER APT 101 CAPE CORAL FL 33914		7. Name and Address of New Registered Agent Name: ALBERTA SHORT Street Address (P.O. Box Number is Not Acceptable): 10867 GRAND CYPRESS CRT City: N.F.M. FL Zip Code: 33903	
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: <i>Alberta Short</i> DATE: 3-1-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: STD NAME: GERGER, ROBERT STREET ADDRESS: 152 HAVENSHIRE RD CITY-ST-ZIP: ROCHESTER, NY 14625	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: PD NAME: NACCARELLA, NICHOLAS STREET ADDRESS: 7 FRANCIS DRIVE CITY-ST-ZIP: PENFIELD NY 14526	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VPD NAME: LARUSSA, GINO STREET ADDRESS: 1733 GLORIA DR CITY-ST-ZIP: FAIRPORT NY 14450	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: STD NAME: SHORT, ALBERTA STREET ADDRESS: 10867 GRAND CYPRESS CT CITY-ST-ZIP: NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2276083 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* ALBERTA SHORT 3-1-08 239-567-1190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR