2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Mar 31, 2009 **DOCUMENT# 758523** Secretary of State

Entity Name: CORAL BAYVIEW I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ALBERTA SHORT C/O BLANCA MYRIAM DUARTE 10867 GRAND CYPRESS 1123 SW 48TH TERRACE, UNIT102 NORTH FORT MYERS, FL 33903 US CAPE CORAL, FL 33914

New Mailing Address: **Current Mailing Address:**

C/O ALBERTA SHORT C/O BLANCA MYRIAM DUARTE 10867 GRAND CYPRESS 1123 SW 48TH TERRACE, UNIT102 NORTH FORT MYERS, FL 33903 US CAPE CORAL, FL 33914

FEI Number: 59-2276083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHORT, ALBERTA DUARTE, BLANCA M 1123 SW 48TH TERRACE, UNIT 102 10867 GRAND CYPRESS CRT NORTH FORT MYERS, FL 33903 US CAPE CORAL, FL 33914

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.

SIGNATURE: BLANCA MYRIAM DUARTE 03/31/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition NACCARELLA, NICHOLAS KENOTE, JOAN Name: Name: 7 FRANCIS DRIVE Address: 1123 SW 48TH TERRACE, UNIT 103 Address: City-St-Zip: PENFIELD, NY 14526 City-St-Zip: CAPE CORAL, FL 33914 US

Title: VPD Title: (X) Change () Addition () Delete LARUSSA, GINO Name: DUARTE, BLANCA Name:

Address: 1733 GLORIA DR Address: 1123 SW 48TH TERRACE, UNIT 102 City-St-Zip: FAIRPORT, NY 14450 City-St-Zip: CAPE CORAL, FL 33914 US

Title: () Delete Title: () Change (X) Addition

PEREZ-ARCHE, LISSY Name: Name: 1123 SW 48TH TERRACE, UNIT 101 Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BLANCA MYRIAM DUARTE TR 03/31/2009