


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90181 026 \*\*\*150.00

<b>DOCUMENT # 810373</b>					
<b>1. Entity Name</b> CORAL COVE ASSOCIATION					
<b>Principal Place of Business</b> 2700 YACHT CLUB BLVD FT. LAUDERDALE, FL 33304 US			<b>Mailing Address</b> P.O. BOX 7503 FT. LAUDERDALE, FL 33338 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-0769345	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CABOT MANAGEMENT & MARKETING, INC. 2727 E OAKLAND PARK BLVD STE 306 FT. LAUDERDALE, FL 33306				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEORGES, SUSAN 2760 YACHT CLUB BLVD. # 10A FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STROW, JOE 2760 YACHT CLUB BLVD # 10 E FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRESNAHAN, MICHAEL 1124 SEMINOLE DR., # 3C FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMEL, PETER 2760 YACHT CLUB BLVD # 10H FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, CARTER 2700 YACHT CLUB BLVD # 7F FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRER, MIKE 2700 YACHT CLUB BLVD #5A FT. LAUDERDALE, FL 3304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASSOMATO, ANDRE 2720 YACHT CLUB BLVD. # 8F FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 607, 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** Susan Georges Susan Georges 4/29/08 954.561.8565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00033373



04212008 Chg-P CR2E034 (12/06)

**4. FEI Number**  
59-0769345 ☐ **Applied For**  
Not Applicable

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