

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90051 042 \*\*\*\*70.00

**DOCUMENT # N00000006712**

1. Entity Name  
**CORAL COVE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8501 PLACIDA RD  
A-2  
PLACIDA, FL 33946**

Mailing Address  
**P.O. BOX 1  
PLACIDA, FL 33946**

**40036633**



2. Principal Place of Business - No P.O. Box #  
**3899 CAPE HAZE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 845**  
Suite, Apt. #, etc.

03122007 Chg-NP CR2E037 (12/06)

City & State  
**ROTONDA WEST, FL**  
Zip  
**33947**  
Country  
**U.S.**

City & State  
**PLACIDA, FL**  
Zip  
**33946**  
Country  
**U.S.**

4. FEI Number  
**65-1047084**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GUNDERSON, MIKO P  
1861 PLACIDA RD, STE 204  
ENGLEWOOD, FL 34223**

**7. Name and Address of New Registered Agent**

Name **BRANDENBERGER, JOHN**

Street Address (P.O. Box Number is Not Acceptable)

**3899 CAPE HAZE DRIVE**

City **ROTONDA WEST** **FL** Zip Code **33947**

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 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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE ☒ Delete  
NAME **D IGLESIAS, ROBERTO J**  
STREET ADDRESS **5718 WESTHEIMER RD, STE 1806**  
CITY-ST-ZIP **HOUSTON, TX 77057**

TITLE ☒ Delete  
NAME **D MERRILL, SHARON L**  
STREET ADDRESS **P.O. BOX 1**  
CITY-ST-ZIP **PLACIDA, FL 33946**

TITLE ☒ Delete  
NAME **D ABELLO, CARLOS**  
STREET ADDRESS **5718 WESTHEIMER RD, STE 1806**  
CITY-ST-ZIP **HOUSTON, TX 77057**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☒ Addition  
NAME **DP PHILLIPS, JOHN**  
STREET ADDRESS **3899 CAPE HAZE DR.**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Change ☒ Addition  
NAME **DV PAFFI, DAVID**  
STREET ADDRESS **3899 CAPE HAZE DR.**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Change ☒ Addition  
NAME **DST HAYNIE, GAYLE**  
STREET ADDRESS **3899 CAPE HAZE**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Change ☒ Addition  
NAME **D FARRELL, ROBERT**  
STREET ADDRESS **3899 CAPE HAZE DR.**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Change ☒ Addition  
NAME **D JOLOKAI JOHN**  
STREET ADDRESS **3899 CAPE HAZE DR.**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/07**

Date

Daytime Phone #