

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N00365	
1. Entity Name CORAL POINT CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 11471 W SAMPLE ROAD #34 CORAL SPRINGS, FL 33065	Mailing Address 11471 W SAMPLE ROAD #34 CORAL SPRINGS, FL 33065



03072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2413203	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NADAYIL, ASSISSI
11471 W SAMPLE ROAD, #34
CORAL SPRINGS, FL 33065

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	SD NADAYIL, AUGUSTINE 11471 W SAMPLE ROAD, #34 CORAL SPRINGS, FL 33065
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NADAYIL, ASSISSI 11471 W SAMPLE ROAD, #34 CORAL SPRINGS, FL 33065
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT POOVAN, MATHEW 11471 W SAMPLE ROAD, #34 CORAL SPRINGS, FL 33065
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/24/05-80024-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Matthew Poovan **MATHEW POOVAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2005

Date

Daytime Phone #