

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 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



04252006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2413203

Applied For

Not Applicable

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

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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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

SD

NAME

NADAYIL, AUGUSTINE

STREET ADDRESS

11471 W SAMPLE ROAD, #34

CITY-ST-ZIP

CORAL SPRINGS, FL 33065

TITLE

PD

NAME

NADAYIL, ASSISSI

STREET ADDRESS

11471 W SAMPLE ROAD, #34

CITY-ST-ZIP

CORAL SPRINGS, FL 33065

TITLE

DT

NAME

POOVAN, MATHEW

STREET ADDRESS

11471 W SAMPLE ROAD, #34

CITY-ST-ZIP

CORAL SPRINGS, FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U00000538033  
05/09/06-80024-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 179, 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

4/25/06 (754) 234 5701

Date

Daytime Phone #