

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

0056500

**DOCUMENT # N01000002818**

1. Entity Name

**CORAL OAKS RESIDENT'S ASSOCIATION, INC.**

02-10-2002 90034 042 \*\*\*\*61.25

Principal Place of Business <b>900 WESTLAKE ROAD PALM HARBOR FL 34684</b>	Mailing Address <b>900 WESTLAKE ROAD PALM HARBOR FL 34684</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-37132266</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

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

**MULVANEY, JOSEPH  
 900 WESTLAKE ROAD #E216  
 PALM HARBOR FL 34684**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>				<b>P/D</b>		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>MULVANEY, W JOSEPH</b>	<b>900 WESTLAKE ROAD #E216</b>	<b>PALM HARBOR FL 34684</b>				
	<b>D</b>				<b>V/D</b>		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>THOMPSON, SALLEY</b>	<b>900 WESTLAKE ROAD #E217</b>	<b>PALM HARBOR FL 34684</b>				
	<b>D</b>				<b>S/D</b>		
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<b>DREVER, ELEANOR</b>	<b>900 WESTLAKE ROAD #EA313</b>	<b>PALM HARBOR FL 34684</b>				
	<b>D</b>				<b>T/D</b>		
	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
	<b>GELIS, STEVE</b>	<b>900 WESTLAKE ROAD #EA306</b>	<b>PALM HARBOR FL 34684</b>		<b>CHARLES BARNETT</b>	<b>900 WEST LAKE ROAD A-205</b>	<b>PALM HARBOR, FL 34684</b>
	<b>D</b>				<b>D</b>		
	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
	<b>ANDERSON, ELSIE</b>	<b>900 WESTLAKE ROAD #EA308</b>	<b>PALM HARBOR FL 34684</b>		<b>CHARLES HECK</b>	<b>900 WEST LAKE ROAD C-308</b>	<b>PALM HARBOR, FL 34684</b>
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: W. JOSEPH MULVANEY Date: 1-22-2002 Daytime Phone #: 727-787-5630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)