


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

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002818**

1. Entity Name  
**CORAL OAKS RESIDENT'S ASSOCIATION, INC.**



Principal Place of Business <b>900 WESTLAKE ROAD          PALM HARBOR, FL 34684</b>	Mailing Address <b>900 WESTLAKE ROAD          APT. E-216          PALM HARBOR, FL 34684</b>
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01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3713226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	PD MULVANEY, W JOSEPH 900 WESTLAKE ROAD #E216 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMPSON, SALLEY 900 WESTLAKE ROAD #E217 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'KEEFE, FRANCES 900 WESTLAKE ROAD #E-209 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD-T BIGLER, WILLIAM P 900 WEST LAKE ROAD APT. G-118 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROMER, CLAIRE 900 WESTLAKE ROAD #E-223 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/20/06 00023-014 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 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 817, 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* - **W. JOSEPH MULVANEY** 2-16-06 787-787-5630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #