


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90180 015 \*\*\*\*61.25

**DOCUMENT # N01000002818**

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




Principal Place of Business      Mailing Address  
**900 WESTLAKE ROAD      900 WESTLAKE ROAD**  
**PALM HARBOR FL 34684      PALM HARBOR FL 34684**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3713226**      Applied For  
Not Applicable

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

**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      **FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

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	PD	<input type="checkbox"/> Delete
NAME	MULVANEY, W JOSEPH	
STREET ADDRESS	900 WESTLAKE ROAD #E216	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, SALLEY	
STREET ADDRESS	900 WESTLAKE ROAD #E217	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DREVER, ELEANOR	
STREET ADDRESS	900 WESTLAKE ROAD #EA313	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HECK, CHARLES	
STREET ADDRESS	900 WEST LAKE ROAD 308	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, CHARLES	
STREET ADDRESS	900 WEST LAKE ROAD A-205	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Wernham	
STREET ADDRESS	900 West Lake Road #E102	
CITY-ST-ZIP	Palm Harbor FL 34684	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D -Wiley Gilstrap	
STREET ADDRESS	900 West.Lake Road #E316	
CITY-ST-ZIP	Falm Harbor FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **REQUIRED** Joseph Mulvaney Feb.10 2003 727 787 5630

CR2E037 (10/02)