


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006359	
1. Entity Name CORAL WAY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 101 CORAL WAY EAST UNIT 1 INDIALANTIC, FL 32903	Mailing Address 15 ROCKAWAY VALLEY ROAD BOONTON, NJ 07-0058
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DO NOT WRITE IN THIS SPACE

04032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3792256	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARKIN, DAVID G 1900 SOUTH HICKORY STREET STE A MELBOURNE, FL 32901
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000292736 04/07/05-80082-018 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIELINSKI, EDWARD 3 RICHARDS RIDGE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORSTE, NANCY 101 CORAL WAY EAST UNIT 3 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOKOL, LEONARD R 15 ROCKAWAY VALLEY RD BOONTON, NJ 07005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  LEONARD R. SOKOL	4/4/05	201-847-6513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #