

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90030 008 \*\*\*\*70.00

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<b>DOCUMENT # N02000006359</b> 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 103 ANTIGUA DRIVE Suite, Apt. #, etc.		01042006 Chg-NP CR2E037 (11/05)	
City & State		City & State COCOA BEACH, FL		4. FEI Number 04-3792256	
Zip 32931		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LARKIN, DAVID G 1900 SOUTH HICKORY STREET STE A MELBOURNE, FL 32901				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 reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIELINSKI, EDWARD 3 RICHARDS RIDGE NEWTOWN SQUARE, PA 19073	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORSTE, NANCY 101 CORAL WAY EAST UNIT 3 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOKOL, LEONARD R 15 ROCKAWAY VALLEY RD BOONTON, NJ 07005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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		1/5/06 973-727-3135	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	