

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02386

FILED
Jun 26, 2009
Secretary of State

Entity Name: CORAL KEYES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1202 W CAPE CORAL PKWY
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

128 SW 54TH. TERRACE
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 65-0182606 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREAD, JERALD L
128 SW 54TH. TERRACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HALLAS, DORIS F
Address: 1203 SW 48TH TERR #103
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DT () Delete
Name: AVILES, CANDIDA R
Address: 1202 W CAPE CORAL PKWY #105
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DP () Delete
Name: SIMONCIC, WALDEMAR
Address: 1203 SW 48TH TERRACE #104
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DVP () Delete
Name: CASTRONUOVO, JOSEPH
Address: 1203 SW 48TH TERR #102
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D () Delete
Name: IVETTE, FLORES
Address: 1203 SW 48TH TERRACE UNIT 202
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IVETTE, FERNANDEZ
Address: 1203 SW 48TH TERRACE UNIT 202
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER SIMONCIC

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date