

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002579

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** CORAL BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

603 S.E. 13TH STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

603 SE 13TH STREET  
CAPE CORAL, FL 33904

**New Mailing Address:**

1320 ABINGTON CAMBS  
LAKE FOREST, IL 60045

**FEI Number:** 20-8214068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROLLINGS, HARVEY  
1633 S.E. 4TH TERRACE  
CAPE CORAL, FL 33904 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: D ( ) Delete  
Name: CIRRINCIONE, THOMAS  
Address: 1320 WEST ABINGTON CAMBS  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: CIRRINCIONE, SAMUEL  
Address: 1320 WEST ABINGTON CAMBS  
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete  
Name: ROLLINGS, HARVEY  
Address: 1633 S.E. 47TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

**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:

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: THOMAS CIRRINCIONE

D

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date