2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# N05000005696

Entity Name: CORAL SANDS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 HWY 71 SOUTH
KINARD, FL 32449

New Principal Place of Business:

Current Mailing Address:

882 HWY 71 SOUTH
KINARD, FL 32449

New Mailing Address:

FEI Number: 20-3543756 **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:

BAKER, FRANK A.
4431 LAFAYETTE ST.
MARIANNA, FL 32446 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: DP ( ) Delete
Name: DAVIS, JOHN M.
Address: 882 HWY 71 SOUTH
City-St-Zip: KINARD, FL 32449

Title: DVP ( ) Delete
Name: HILL, ERIC
Address: 1411 BLUEBERRY DR.
City-St-Zip: SNEADS, FL 32460

Title: DST ( ) Delete
Name: STOKES, PAUL
Address: 15225 NW WILLIAMS RD.
City-St-Zip: ALTHA, FL

Title: D ( ) Delete
Name: BAKER, MURRAY L.
Address: 18433 NE ROY GOLDEN RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN M. DAVIS DP 07/10/2006
Electronic Signature of Signing Officer or Director — Date