

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010920

FILED  
Sep 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

503 N. ORLANDO AVENUE  
SUITE 203  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

503 N. ORLANDO AVENUE  
SUITE 203  
COCOA BEACH, FL 32931

**New Mailing Address:**

**FEI Number:** 36-4576402      **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:**

PRO MANAGE, LLC  
503 N. ORLANDO AVENUE  
SUITE 205  
COCOA BEACH, FL 32931 US

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

TC PROPERTY MANAGEMENT  
503 N. ORLANDO AVENUE  
SUITE 203  
COCOA BEACH, FL 32931 US

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: GIUSEPPE CONOSCENTI

09/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TAL, GIL  
Address: 503 N. ORLANDO AVENUE, SUITE 203  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: DOBRAS, RADENKO  
Address: 503 N. ORLANDO AVENUE, SUITE 203  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: SHULMAN, BOAZ  
Address: 503 N. ORLANDO AVENUE, SUITE 203  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TAL, GIL  
Address: 503 N. ORLANDO AVENUE, SUITE 201  
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change ( ) Addition  
Name: DOBRAS, RADENKO  
Address: 503 N. ORLANDO AVENUE, SUITE 201  
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change ( ) Addition  
Name: TAL, ORI  
Address: 503 N. ORLANDO AVENUE, SUITE 201  
City-St-Zip: COCOA BEACH, FL 32931

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: ORI TAL

OFFI

09/03/2009

Electronic Signature of Signing Officer or Director

Date