


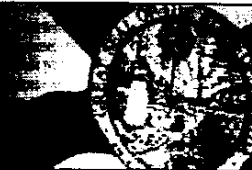
1 of 2

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 PM 2:21

DOCUMENT # N06000011741					
1. Entity Name CORAL PALMS CONDOMINIUM ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 355 POLK AVENUE APT. 8 CAPE CANAVERAL, FL 32920		Mailing Address 355 POLK AVENUE APT. 8 CAPE CANAVERAL, FL 32920			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <u>200 North First Street</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <u>Cocoa Beach FL</u>			
Zip	Country	Zip	Country	4. FEI Number	
		<u>32931</u>	<u>USA</u>		
6. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVE MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name <u>Marilyn A. Rigerman</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 North First Street</u> City <u>Cocoa Beach FL</u> Zip Code <u>32931</u>	
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 <u>Marilyn A. Rigerman</u> <u>Marilyn A. Rigerman</u> 5-20-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			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	DP KAYA, GARRY W 355 POLK AVENUE APT. 8 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ashley Mitchell 333 Polk Avenue Cape Canaveral FL 32920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KAYA, ELIZABETH A 355 POLK AVENUE APT. 8 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ann Marie Higgins 14006 Beargrass Court Winter Garden FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAYA, GEORGE 355 POLK AVENUE APT. 8 CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT William Quinn 4 Standish Place Smithtown NY 11787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600130905136 06/05/08--01028--021 **122.50 <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: <u>Ann Marie Higgins</u> <u>Ann Marie Higgins</u> 5-20-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Reinstatement Online Filing

Document Number N06000011741

Business Entity Name CORAL PALMS CONDOMINIUM ASSOCIATION OF BREVARD, INC.

☒ A \$175.00 reinstatement fee is imposed, except in circumstances in which the entity receive the prior notices. By checking this box, you are certifying the prior notices received and the \$175.00 reinstatement fee will be waived.

FEI Number

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address 355 POLK AVENUE APT. 8 (PO Box not acceptable)

Suite, Apt. #, etc.

City, State CAPE CANAVERAL, FL

Zip Code & Country 32920

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, your mailing address.

☐ Mailing address same as principal address

Address 355 POLK AVENUE APT. 8

Suite, Apt. #, etc.

City, State CAPE CANAVERAL, FL

Zip Code & Country 32920

Name And Address of Registered Agent