

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011741

FILED
May 26, 2009
Secretary of State

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

Current Principal Place of Business:

355 POLK AVENUE APT. 8
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931

Current Mailing Address:

200 NORTH FIRST STREET
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 56-2635943 **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:

Name and Address of New Registered Agent:

RIGERMAN, MARILYN A
200 NORTH FIRST STREET
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MITCHELL, ASHLEY
Address: 333 POLK AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DS () Delete
Name: HIGGINS, ANN MARIE
Address: 14006 BEARGRASS COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: DT () Delete
Name: QUINN, WILLIAM
Address: 4 STANDISH PLACE
City-St-Zip: SMITHTOWN, NY 11787

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: ASHLEY MITCHELL

P

05/26/2009

Electronic Signature of Signing Officer or Director

Date