


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/14/2008-90026-013-\$61.25-\$61.25

DOCUMENT # N07000005549
 1. Entity Name
CORAL VISTA CONDOMINIUM ASSOCIATION, INC.



FILED
 08 AUG 14 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1430 S.E. 16TH PLACE
 UNIT B
 CAPE CORAL, FL 33990

Mailing Address
 1430 S.E. 16TH PLACE
 UNIT B
 CAPE CORAL, FL 33990



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07092008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHIELDS, CHRISTOPHER J
 1833 HENDRY STREET
 FORT MYERS, FL 3391

7. Name and Address of New Registered Agent
 Name **RICHARD L. LAPOSTA**
 Street Address (P.O. Box Number is Not Acceptable)
16 PONDELLA RD. STE 201
(GULF SHORES C.A.M., INC.)
 City **N. FT. MYERS** FL Zip Code **33903**

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 RICHARD L. LAPOSTA *Richard L. Laposta* **07-10-08**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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	D YATES, GINNY 1430-B SE 16TH PLACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RON DEBOV 1209-2 DIPLOMAT PKY. CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, LENORA 1430-B SE 16TH PLACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARMEN PEREZ 1209-1 DIPLOMAT PARKWAY CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, DARLA 1430-B SE 16TH PLACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRANKLIN SANCHEZ 1209-4 DIPLOMAT PARKWAY CAPE CORAL, FL 33909 <input checked="" 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	D CHRISTOPHER WARD 1209-3 DIPLOMAT PARKWAY CAPE CORAL, FL 33909 <input checked="" 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: Carmen Perez *Carmen Perez* **7-10-08** **239-997-8114**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/14 ad