

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700000549

FILED
Apr 20, 2009
Secretary of State

Entity Name: CORAL VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

76 PONDELLA ROAD
SUITE 201
N. FORT MYERS, FL 33990

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPOSTA, RICHARD L
76 PONDELLA RD., SUITE 201
(GULF SHORES C.A.M., INC.)
N. FT. MYERS, FL 33903 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: DEROV, RON
Address: 1209-2 DIPLOMAT PKWY.
City-St-Zip: CAPE CORAL, FL 33990

Title: DST () Delete
Name: PEREZ, CARMEN
Address: 1209-1 DIPLOMAT PKWY.
City-St-Zip: CAPE CORAL, FL 33990

Title: DVP () Delete
Name: SANCHEZ, FRANKLIN
Address: 1209-4 DIPLOMAT PKWY.
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: WARD, CHRISTOPHER
Address: 1209-3 DIPLOMAT PKWY.
City-St-Zip: CAPE CORAL, FL 33990

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 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: RON DEROV

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date