2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003454

FILED Mar 06, 2009 Secretary of State

Entity Name: CORAL PALMS PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

804 NICHOLAS PARKWAY EAST 1708 BEACH PARKWAY

SUITE 2 202

CAPE CORAL, FL 33990 CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

804 NICHOLAS PARKWAY EAST 1708 BEACH PARKWAY SUITE 2 202

CAPE CORAL, FL 33990 CAPE CORAL, FL 33904

FEI Number: 26-2456813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904 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:

- Flackwaria Cianakura of Davisharad Anauk

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition Name: POWELL, MARJORIE Name: POWELL, MARJORIE

Address: 804 NICHOLAS PARKWAY EAST #2 Address: 1708 BEACH PARKWAY #202
City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete Title: D (X) Change () Addition

Name: POWELL, BILL Name: POWELL, BILL

Address: 804 NICHOLAS PARKWAY EAST #2 Address: 1708 BEACH PARKWAY #202
City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33904

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$

 Name:
 HERTZ, SCOTT
 Name:
 HERTZ, SCOTT

 Address:
 804 NICHOLAS PARKWAY EAST #2
 Address:
 403 SW 49 LN

City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33914

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: MARJORIE POWELL P 03/06/2009