

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16750

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** CORAL LAKES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

12301 SW 132 COURT  
102  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 830273  
MIAMI, FL 332830273 US

**New Mailing Address:**

**FEI Number:** 65-0023317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKRLD, INC  
201ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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:** V  
**Name:** GONZALEZ, AMABELLE  
**Address:** 301 NW 84 COURT #8  
**City-St-Zip:** MIAMI, FL 33126 US

**Title:** S  
**Name:** PALACIOS, MARIA  
**Address:** 1820 SW 14 AVE  
**City-St-Zip:** MIAMI, FL 33145 US

**Title:** PD  
**Name:** GONZALEZ, NORMA  
**Address:** 8650 NW 3RD LANE #7  
**City-St-Zip:** MIAMI, FL 33126 US

**Title:** T  
**Name:** QUINONES, NERY  
**Address:** 8357 W FLAGER ST #313  
**City-St-Zip:** MIAMI, FL 33144 US

I hereby 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 all other like empowered.

**SIGNATURE:** NORMA GONZALEZ

PD

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date