


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90022 038 ****61.25

DOCUMENT # N17467 1. Entity Name CORAL GATE HOMEOWNERS ASSOCIATION INC.	
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Principal Place of Business PO BOX 450215 MIAMI, FL 33245 US	Mailing Address PO BOX 450215 MIAMI, FL 33245 US
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DO NOT WRITE IN THIS SPACE

40110613



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2928865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DICK, WILMA M
1670 SW 32 CT
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILMA DICK 1670 SW 32ND CT MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD BALANZATEGUI, GRACE 3620 SW 20TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARAVAGLIA, CHARLES 1920 SW. 36 COURT MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOVAL, MARIA 1700 S.W. 32nd CT MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wilma M. Dick (Wilma M. Dick) 4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #