

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17467

FILED
Jan 18, 2009
Secretary of State

Entity Name: CORAL GATE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

1920 SW 36TH COURT
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 450215
MIAMI, FL 33245

New Mailing Address:

FEI Number: 59-2928865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GARAVAGLIA, CHARLES A
1920 SW 36TH COURT
MIAMI, FL 33145 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: SEC () Delete
Name: PIMENTEL, IRENE
Address: 3271 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: BARRERO, SERGIO
Address: 3421 SW 18 TERR
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: XIQUES, GLORIA
Address: 3320 SW 17 ST
City-St-Zip: MIAMI, FL 33145

Title: D (X) Delete
Name: DOVAL, MARIA
Address: 1700 S.W. 32ND CT
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DOVAL, MARIA
Address: 1700 S.W. 32ND CT
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: ANDREU, MARY
Address: 3270 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

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: CHARLES A GARAVAGLIA

TRES

01/18/2009

Electronic Signature of Signing Officer or Director

_____ Date