


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90037 039 \*\*\*\*61.25

<b>DOCUMENT # N23270</b>					
1. Entity Name CORALSTONE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL MGMT 835 20TH PL VERO BEACH, FL 32960			Mailing Address C/O ELLIOTT MERRILL MGMT 835 20TH PL VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0114268	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RYDZEWSKI, JR, ROBERT G 401 E OSCEOLA STREET STUART, FL 34994			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOHOWIAK, KENNETH		NAME		
STREET ADDRESS	1410 CORAL OAK LN		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYSEL, ANNETTE		NAME		
STREET ADDRESS	1553 CORAL OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ED		NAME		
STREET ADDRESS	1508 CORAL OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, ED		NAME	DEBORAH MCGRATH	
STREET ADDRESS	1424 CORAL OAK LN		STREET ADDRESS	1557 CORAL OAK LN.	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, OTIS		NAME	Jacqueline Murphy	
STREET ADDRESS	1320 CORAL PARK LN		STREET ADDRESS	1420 CORAL OAK LN	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>K Blohowiak</i>		Kenneth Blohowiak		3/4/08 772-569-9853	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	