

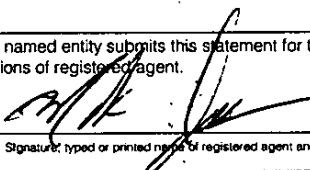
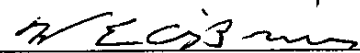


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 008 ****61.25

DOCUMENT # N28334 1. Entity Name CORAL SEAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6770 RIDGEWOOD AVENUE COCOA BEACH, FL 32931			Mailing Address 6770 RIDGEWOOD AVENUE COCOA BEACH, FL 32931		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">40018819</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 02142006 Chg-NP CR2E037 (11/05) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0071909				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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SPACE COAST PROPERTY MANGMENT 1817 COOLING AVE MELBOURNE, FL 32935 </div> <div style="width: 45%; text-align: right;"> Space Coast Property Management 645 Classic Court, Suite 104 Melbourne, FL 32940 </div> </div>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the state of Florida is familiar with, and accept the obligations of registered agent.					
SIGNATURE 		MARK SAKWIN		3/2/2006	
Filing Fee is \$61.25 Due by May 1, 2006		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	TDS <input checked="" type="checkbox"/> Delete		TITLE	TDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PENROS, DANE		NAME	Beverly DeLoach, Beverly	
STREET ADDRESS	6770 RIDGEWOOD AVE, # 801		STREET ADDRESS	6770 Ridgewood Ave, # 303	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	PD <input type="checkbox"/> Delete →		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, DOUG		NAME	Simmons, Doug	
STREET ADDRESS	6770 RIDGEWOOD AVE. #202		STREET ADDRESS	6770 Ridgewood Ave. # 202	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUPKAS, JACK		NAME	O'Brien, Bill	
STREET ADDRESS	6770 RIDGEWOOD AVE. #1102		STREET ADDRESS	6770 Ridgewood Ave, # 803	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARTER, KEITH		NAME	Schmidt, Harold	
STREET ADDRESS	6770 RIDGEWOOD AVE. #601		STREET ADDRESS	6770 Ridgewood Ave, # 704	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEROLD, CHARLIE		NAME	Keenan, Vince	
STREET ADDRESS	6770 RIDGEWOOD AVE		STREET ADDRESS	6770 Ridgewood Ave, # 1104	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
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: 			3/15/2006 784 2913		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		