2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N28794 Mar 28, 2007 08:00 AN 1. Entity Name **Secretary of State** CORAL WIND HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 605 39TH COURT S.W. VERO BEACH FL 32968 605 39TH COURT S.W. VERO BEACH FL 32968 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0504361 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUNKEL, PAMELA Stroet Address (P.O. Box Number is Not Acceptable) 605 39TH COURT S.W. VERO BEACH FL 32968 Zip Code FL 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 Signature, typed or printed name of registered agent and title a applicable (NOTE Registered Agent signature required when teinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN, 10 10. 11. IIILI ☐ Delete 11111 ☐ Change ☐ Addition NAMI LEDBETTER, JOHN NAME STREET LADDRESS STREET ADDRESS U00000681707 635 39TH CT. SW. 04/04/07-80055-015 61.25 CITY-ST 789 CITY-ST 7IP VERO BEACH FL 32968 **[[]]** ☐ Defete Change ☐ Addition #ITEF NAME RUNKEL, PAMELA MAM STREET ADDRESS STREET ADDRESS 605 39TH COURT S.W. CITY ST ZIP VERO BEACH FL 32968 CITY ST 70P TITLE ☐ Dolcle ☐ Change Addition ٧Þ NAM NAME LEDBETTER, JOHN STREET ADDRESS 635 39TH CT. S.W. STREET LADDRESS CUTY-SI-ZIP CHY-S1 782 VERO BEACH FL 32968 ☐ Defete ☐ Change ☐ Addition TITLE IIILL ٧P MAME MAME KRASSEY, JENNIFER STREET ADDRESS SIRELL ADDRESS. 650 39TH CT, SW CITY ST ZIP CITY ST ZIP VERO BEACH FL 32968 TITLE Delete HHE Change ☐ Addition D NAM NAME DONNER, MARY KAYE STREET ADDRESS SIBLE LADORESS 625 39TH CT SW CHTY - ST- ZIP CHY SI DP VERO BEACH FL 32968 ☐ Change ☐ Addition mu ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-SE-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.