



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90148 021 \*\*\*\*61.25

DOCUMENT # N31182					
1. Entity Name CORAL BAY AT BOCA CHASE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 322 NE 3RD STREET BOYNTON BEACH, FL 33435 US			Mailing Address 322 NE 3RD STREET BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business 314 NE 3rd Street		3. Mailing Address 314 NE 3rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boynton Beach FL		City & State Boynton Beach FL		02172005 Chg-NP CR2E037 (10/03)	
Zip 33435		Country USA		4. FEI Number 65-0318739	
Zip 33435		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST JOHN, CORE, FIORE & LEMME PA 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTON, CRAIG		NAME	Jerry Nemeroff	
STREET ADDRESS	18148 CLEARBROOK CIR.		STREET ADDRESS	18074 Clearbrook Circle	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton FL 33498	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD MOTTOLA		NAME		
STREET ADDRESS	18281 FRESH LAKEWAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, GERRY		NAME		
STREET ADDRESS	18050 CLEARBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATO, SHERYL		NAME	Cheryl Domato	
STREET ADDRESS	18042 CLEARBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAWAH, HENRY		NAME		
STREET ADDRESS	18043 CLEARBROOK CIR.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDEN, SANDRA		NAME		
STREET ADDRESS	18102 CLEARBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Sandra Arden</i>			Date: 4/13/05		Daytime Phone #: 901 451-1782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #