

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31551

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** CORAL POINTE AT HARBOURSIDE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR #260  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR #260  
CLEARWATER, FL 33762 US

**New Mailing Address:**

5001 FOURTH STREET NORTH  
SUITE A  
ST. PETERSBURG, FL 33734 US

**FEI Number:** 59-2953582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR  
SUITE 260  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

LANG & BROWN PA  
5001 FOURTH STREET NORTH  
SUITE A  
ST. PETERSBURG, FL 33734 US

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: NICHOLAS LANG

03/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BLAVNE, GERALD  
Address: 8020 SAILBOAT KEY BLVD #204  
City-St-Zip: SO PASADENA, FL 33707

Title: VD ( ) Delete  
Name: OLESON, RAY  
Address: 8000 SAILBOAT KEY BLVD  
City-St-Zip: SOUTH PASADENA, FL 33707

Title: PD ( ) Delete  
Name: FIGIEL, LEN  
Address: 8041 SAILBOAT KEY BLVD #301  
City-St-Zip: SO PASADENA, FL 33707

Title: SD ( ) Delete  
Name: WALMSLEY, CAROL  
Address: 7569 HORSESHOE BAY RD  
City-St-Zip: EGG HARBOR, WI 54209

Title: D ( ) Delete  
Name: OLSON, BRUCE  
Address: 8040 SAILBOAT KEY BLVD  
City-St-Zip: SOUTH PASADENA, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: LEN FIGIEL

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date