

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33402

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** CORAL HARBOUR MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1495 NORTH PARK DR  
WESTON, FL 33326 US

**New Principal Place of Business:**

C/O CENTURY MANAGEMENT SERVICES, INC.  
1495 NORTH PARK DRIVE  
WESTON, FL 33326 US

**Current Mailing Address:**

1495 NORTH PARK DR  
WESTON, FL 33326 US

**New Mailing Address:**

C/O CENTURY MANAGEMENT SERVICES, INC.  
1495 NORTH PARK DRIVE  
WESTON, FL 33326 US

**FEI Number:** 65-0104640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKALAR & EICHNER, P.A.  
150 S PINE ISLAND RD  
SUITE 540  
PLANTATION, FL 333242669 US

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

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND RD  
SUITE 540  
PLANTATION, FL 33324 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: SUSAN BAKALAR

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: GUTIERREZ, JOSE  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: PD ( ) Delete  
Name: BERNSTEIN, ALLYN G  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: KLINE, KEVIN  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

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

Title: SD (X) Change ( ) Addition  
Name: GUTIERREZ, JOSE  
Address: 1495 NORTH PARK DRIVE  
City-St-Zip: WESTON, FL 33326

Title: PD (X) Change ( ) Addition  
Name: BERNSTEIN, ALLYN G  
Address: 1495 NORTH PARK DRIVE  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change ( ) Addition  
Name: KLINE, KEVIN  
Address: 1495 NORTH PARK DRIVE  
City-St-Zip: WESTON, FL 33326

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: ALLYN G. BERNSTEIN

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04/23/2009

Electronic Signature of Signing Officer or Director

Date