

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 004 ****61.25

DOCUMENT # N39099 1. Entity Name CORAL PALMS HOMEOWNERS ASSOCIATION, INC.																																																																																		
Principal Place of Business 6700 PINE IS. RD. TAMARAC FL 33321				Mailing Address 6700 PINE IS. RD. TAMARAC FL 33321																																																																														
2. Principal Place of Business		3. Mailing Address Coral Palms HOA																																																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 9519																																																																																
City & State		City & State Coral Springs, FL																																																																																
Zip	Country	Zip	Country																																																																															
6. Name and Address of Current Registered Agent COLALUCE, ANTHONY STEPHEN SCHUTT 6772 N. PINE ISLAND DR. 6770 N PINE IS. RD. TAMARAC FL 33321 TAMARAC FL 33321				7. Name and Address of New Registered Agent Name Southeast Condominium Mgt. Inc Street Address (P.O. Box Number is Not Acceptable) 2085 University Dr City Coral Springs FL Zip Code 33071																																																																														
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 <u><i>Cg Charenz</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																														
Make Check Payable to Florida Department of State																																																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>COLALUCE, ANTHONY</td> <td>6772 N. PINE ISLAND RD.</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td>THOMAS, ELLA</td> <td>6766 N. PINE ISLAND RD.</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td>COLALUCE, DOLORES</td> <td>6772 N. PINE ISLAND RD.</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td>SCHUTT, STEPHEN</td> <td>6770 N. PINE ISLAND RD.</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td>MIKES, ROBERT</td> <td>6746 N. PINE ISLAND RD.</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>JERRY PARISH</td> <td>6708 N PINE ISLAND ROAD</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td>T</td> <td></td> <td></td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td>NANCY GILBERT</td> <td>6718 N PINE ISLAND ROAD</td> <td>TAMARAC FL 33321</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒</td> </tr> <tr> <td></td> <td>P</td> <td></td> <td></td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		COLALUCE, ANTHONY	6772 N. PINE ISLAND RD.	TAMARAC FL 33321	☒		THOMAS, ELLA	6766 N. PINE ISLAND RD.	TAMARAC FL 33321	☐		COLALUCE, DOLORES	6772 N. PINE ISLAND RD.	TAMARAC FL 33321	☒		SCHUTT, STEPHEN	6770 N. PINE ISLAND RD.	TAMARAC FL 33321	☐		MIKES, ROBERT	6746 N. PINE ISLAND RD.	TAMARAC FL 33321	☐					☐	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition		JERRY PARISH	6708 N PINE ISLAND ROAD	TAMARAC FL 33321	☐	☒		T			☒	☐		NANCY GILBERT	6718 N PINE ISLAND ROAD	TAMARAC FL 33321	☐	☒		P			☒	☐					☒	☐					☐	☐
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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: <u><i>Stephen J Schutt</i></u> STEPHEN JAT SCHUTT 3/5/04 954-564-7000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																		



MOORE CR2E037 (11/03)

4. FEI Number **65-0315889** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Code
33071

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐