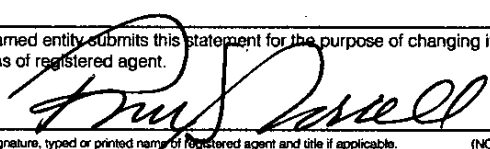
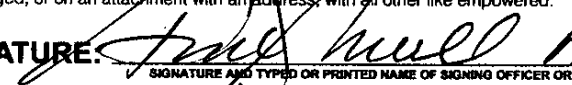


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90086 006 ****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 CORAL PALMS HOA P.O. BOX 9519 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOUTHEAST CONDOMINIUM MGT, INC 2855 S UNIVERSITY DR SUITE 310 CORAL SPRINGS, FL 33065			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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 2/3/06			
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☐ Delete	TITLE	T/S ☒ Change ☐ Addition	
NAME	PARISH, JERRY		NAME		
STREET ADDRESS	6708 N PINE ISLAND ROAD		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	T	☒ Delete	TITLE	P ☐ Change ☒ Addition	
NAME	THOMAS, ELLA		NAME	Russell, Mickey	
STREET ADDRESS	6766 N. PINE ISLAND RD.		STREET ADDRESS	6740 Pine Island Rd.	
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP	TAMARAC, FL 33321	
TITLE	D	☒ Delete	TITLE	X ☐ Change ☐ Addition	
NAME	GILBERT, NANCY		NAME		
STREET ADDRESS	6718 N PINE ISLAND ROAD		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	P	☐ Delete	TITLE	D ☒ Change ☐ Addition	
NAME	SCHUTT, STEPHEN		NAME		
STREET ADDRESS	6770 N. PINE ISLAND RD.		STREET ADDRESS		
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP		
TITLE	V	☒ Delete	TITLE	V ☒ Change ☐ Addition	
NAME	MIKES, ROBERT		NAME	LUANNE TOLKATLY	
STREET ADDRESS	6746 N. PINE ISLAND RD.		STREET ADDRESS	6788 N. PINE ISLAND RD.	
CITY - ST - ZIP	TAMARAC, FL 33321		CITY - ST - ZIP	TAMARAC, FL 33321	
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 			FRANK D. RUSSELL 2/03/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		