
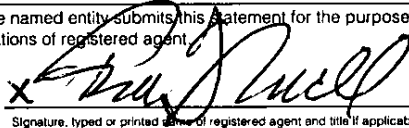
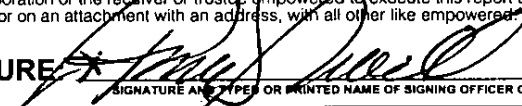


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 032 ****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 C/O D & B PROP.MNGMT SVC 7300 WEST MCNAB ROAD, SUITE 219 TAMARAC, FL 33321		
2. Principal Place of Business - No P.O. Box #		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 D+B Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) ATTN: SANDY 7300 W. McNab Rd. Suite 220 City TAMARAC FL Zip Code 33321	
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					
Filing Fee is \$61.25 Due by May 1, 2007		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	IS	<input type="checkbox"/> Delete	TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISH, JERRY		NAME	Same	
STREET ADDRESS	6708 N PINE ISLAND ROAD		STREET ADDRESS	Same	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Same	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSELL, FRANK		NAME	Same	
STREET ADDRESS	6740 PINE ISLAND RD		STREET ADDRESS	Same	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Same	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOUKATLY, LUANNE		NAME	Ricardo Farino	
STREET ADDRESS	6788 N PINE ISLAND RD		STREET ADDRESS	6718 N. Pine Island Rd.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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 			Date 03-01-07 Daytime Phone # 954 722 4001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					