
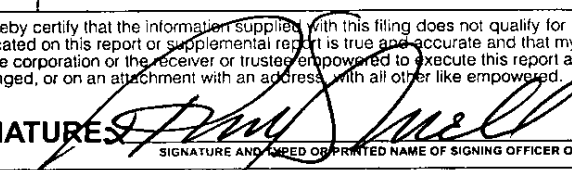


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90050 017 ****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 # 7300 W. McNab Rd			3. Mailing Address 7300 W. McNab Rd		
Suite, Apt. #, etc. Suite 220			Suite, Apt. #, etc. Suite 220		
City & State Tamarac, FL			City & State Tamarac, FL		
Zip 33321		Country US		Zip 33321	
Country US		4. FEI Number 65-0315889			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent D & B PROPERTY MANAGEMENT ATTN: SANDY 7300 W. MCNAB RD., 220 TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name: Property Mgmt Partners Street Address (P.O. Box Number is Not Acceptable) 7300 W. McNab Rd #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: Maryann Principato VP				DATE: 2/5/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T PARISH, JERRY 6708 N PINE ISLAND ROAD TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSELL, FRANK 6740 PINE ISLAND RD TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUTT, STEPHEN 6770 N. PINE ISLAND RD. TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOUKATLY, LUANNE 6788 N PINE ISLAND RD TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINO, RICARDO 6718 N. PINE ISLAND RD. TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE: 2/05/08 (954) 7224001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		