2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39099

FILED Mar 17, 2009 Secretary of State

Entity Name: CORAL PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PROPERTY MANAGEMENT PTNRS. 7116 WEST MCNAB RD TAMARAC, FL 33321 **Current Mailing Address: New Mailing Address:** PROPERTY MANAGEMENT PTNRS. 7116 WEST MCNAB RD TAMARAC, FL 33321 FEI Number: 65-0315889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALANCY, STEVEN S 311 SOUTHEAST 13TH ST FT. LAUDERDALE, FL 33316 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PARISH, JERRY Name: Name: 6708 N PINE ISLAND ROAD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROSSELL, FRANK Name: ROSSELL, FRANK Name: Address: 6740 PINE ISLAND RD Address: 6740 PINE ISLAND RD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition SCHUTT, STEPHEN SCHUTT, STEPHEN Name: Name: 6770 N. PINE ISLAND RD. 6770 N. PINE ISLAND RD. Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 (X) Change () Addition Title: () Delete Title: TOUKATLY, LUANNE Name: Name: LETIZA, BART 6788 N PINE ISLAND RD 6734 N PINE ISLAND RD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition FARINO, RICARDO FARINO, RICARDO Name: Name: 6718 N. PINE ISLAND RD. 6718 N. PINE ISLAND RD. Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

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: STEPHEN SCHUTT PRES 03/17/2009