

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43591

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

W BUENA VISTA DRIVE  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
132  
DAVIE, FL 33328 US

**New Mailing Address:**

FEI Number: 65-0404359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND ROAD  
SUITE 540  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: GORDON, MICHAEL  
Address: 3090 W BUENA VISTA DR  
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete  
Name: SPAVENTO, ANTONIO  
Address: 3194 W. BUENA VISTA DR.  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: DEGENNARO, DEBORAH  
Address: 3147 W BUENA VISTA DR  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MACCA, JAMES  
Address: 3243 W BUENA VISTA DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Change (X) Addition  
Name: LOBRACCO, MARIE-ANN  
Address: 3210 W BUENA VISTA DRIVE  
City-St-Zip: MARGATE, FL 33063

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: MICHAEL GORDON

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date