

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43591

FILED  
Apr 26, 2012  
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  
Name: SPAVENTO, ANTONIO  
Address: 3194 W. BUENA VISTA DR.  
City-St-Zip: MARGATE, FL 33063

Title: VP  
Name: SWANSON, MARK  
Address: 3162 W. BUENA VISTA DR.  
City-St-Zip: MARGATE, FL 33063

Title: T/D  
Name: MORI, WILLIAM  
Address: 3179 W. BUENA VISTA DR.  
City-St-Zip: MARGATE, FL 33063

Title: D  
Name: NGUYN, JOHN  
Address: 3266 W. BUENA VISTA DR.  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO SPAVENTO

P

04/26/2012

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

\_\_\_\_\_  
Date