


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90024 042 ****70.00

DOCUMENT # N93000002238	
1. Entity Name CORAL KEY VILLAGE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 62900 OVERSEAS HIGHWAY LOT 19 MARATHON, FL 33050 US	Mailing Address P.O. BOX 523136 MARATHON SHORES, FL 33502-3136 US
---	---

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

40006100

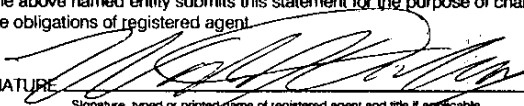


01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0479654		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUSSELL, SCOTT 62900 OVERSEAS HIGHWAY LOT 19 MARATHON, FL 33050		7. Name and Address of New Registered Agent Name FAHEY, WALTER J. DR. Street Address (P.O. Box Number is Not Acceptable) 62900 OVERSEAS HIGHWAY UNIT 50 City MARATHON FL Zip Code 33050	
---	--	--	--

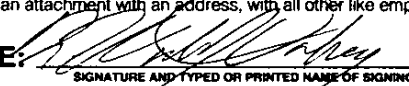
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  President CHV. HOA. 3/24/2008
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, 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	P FAHEY, WALTER J DR. PO BOX 522771 MARATHON SHORES, FL 33052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAHEY, WALTER J. DR. 62900 OVERSEAS HIGHWAY UNIT 50 MARATHON FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, PHIL POB 210396 ROYAL PALM BCH, FL 33421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, PHIL P.O. BOX 210396 ROYAL PALM BCH, FL 33421 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, SCOTT 62900 OVERSEAS HWY- LOT 19 MARATHON, FL 33050 <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 CARTE, NORITA 62900 OVERSEAS HWY - LOT #44 MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, DAVE 62900 OVERSEAS HWY UNIT 26 MARATHON FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWDELL, THOMAS 11300 OVERSEAS HWY MARATHON, FL 33050 <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 WARFIELD, STEVE 62900 OVERSEAS HWY. - LOT 21 MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARFIELD, STEVE 62900 OVERSEAS HWY UNIT 21 MARATHON FL 33050 <input checked="" 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:  Dr. Walter J. Fahey 3/24/2008 (305) 743-4419
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #