## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N93000002465



FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90411 017 \*\*\*\*61.25

Mailing Address   CRAL SA WAY	CORAL S	EA VILLAS HOMEOWNER	'S ASSOCIATION, IN	ıc.		04-24-2000 3	70411 017	71. <b>2</b> 5	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   City & Suite   City & Cit	CORAL SEA V	NAY	CORAL SEA VILLAS PO BOX 372305	32937		<b>in</b> ijin <b>48</b> 88 <b>50</b> 88 <b>56</b> 10 <b>8</b>	TEN RIII (IN 8704 0.10)	119 <b>41 1</b> 1 1 <b>11</b>	
City & State  Country  Country  S. Conflicted of Status Desired  See Required  See Required  For Required  Required  For Require	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address					
Separation   Sep	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (11/05)		
S. Certificate of Status Desired	City & Stat	е	City & State			58	<del>  </del>		
SILVA, GAIL 75 CORAL SEA WAY 9 SATELLITE BEACH, FL 32937  City FL Zip Code  FL Zip Code  FL Zip Code  City FL Zip Code  Florida Department of State  Flor	Zip	Country	Zip	Country	5. Certificate of	Status Desired			
Site Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  S		6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New Re	gistered Agent		
Sireer Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obsigations of registered agent.  SIGNATURE  SIGNATURE  FILING Foe is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution  Added to Fees  Title  NME  SILVA, GAIL  MARE  MITCHELL, BOB  MITCHELL, BOB  MITCHELL, BOB  MITCHELL, BOB  MITCHELL, BOB  SIRET ADDRESS  TO COPAL SEA WAY \$2  SIRET ADDRESS  TO COPAL SEA WAY \$11  SIRET ADDRESS  GITT-SI-ZP  STEPLITE BEACH, FL 32937  Debte  ITLE  MARE  SIRET ADDRESS  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  THE  MARE  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  TO COPAL SEA WAY \$1  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  TO Charge  Address  Address  SIRET ADDRESS  TO COPAL SEA WAY \$1  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  TO Charge  Address  COPAL SEA WAY \$1  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  ADDITION TO DOTHER  TO Charge  Address  COPAL SEA WAY \$1  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  TO Charge  Address  COPAL SEA WAY \$1  SIRET ADDRESS  GITT-SI-ZP  ADDITION TO DOTHER  ADDITION TO	SILVA GA	<b>VI</b>		Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature typed or cretter name of inginatured agent and title # applicable. (NOTE Registered Agent agristance required when reinstating)    Possible   Section	75 CORAL	SEA WAY 9		Street Ad	dress (P.O. Box Number i	Not Acceptable)			
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 Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Filling Foe is \$61.25   Due by May 1, 2006				City			Zip Coo	te	
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SIGNATURE    Signature, hyped or printice name of legistered agent and title 4 applicable.   (NOTE: Registered Agent signature required when rentalising)   DATE			r the purpose of changing its i	registered office or	registered agent, or both,	n the State of Flori	da. Tam tamillar with	, and accept	
Signature, typed or printer name of registered agent and title 4 applicable.   (NOTE: Registered Agent signature required when recentaing)   S\$.00 May Be Added to Fees   Make check payable to Florida Department of Stature	_								
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD									
TITLE NAME SILVA, GAIL  TREE JORESS CITY-ST-2P  STREET ADDRESS CITY-ST-2P									
SILVA, GAIL SIRET ADDRESS TO CORAL SEA WAY \$ 9 SATELLITE BEACH, FL 32937  TITLE NAME STRET ADDRESS TO CORAL SEA WAY \$ 9 STRET ADDRESS TO CORAL SEA WAY \$ 24 STRET ADDRESS TO CORAL SEA WAY \$ 11 STRET ADDRESS TO CORAL SEA WAY \$ 11 STRET ADDRESS TO CORAL SEA WAY \$ 11 STRET ADDRESS STRE		•							
STREET ADDRESS CITY-ST-2P SATELLITE BEACH, FL 32937  TITLE VD MARE MITCHELL, BOB STREET ADDRESS TO CORAL SEA WAY \$ 24 STREET ADDRESS TO CORAL SEA WAY \$ 25 STREET ADDRESS TO CORAL SEA WAY \$ 20 STREET ADDRESS TO CORAL SEA WAY 10 STREET ADDRESS TO CORAL SEA WAY 10 STREET ADDRESS TO CORAL SEA WAY 10 STREET ADDRESS TO CORAL SEA WAY 1 STREET ADDRESS TO CORAL SEA WAY 20 S	10.	Due by May 1, 2006	Trust Fund C	ontribution.	Added to Fees	Florid	is Department of S	itate	
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TITLE NAME STREET ADDRESS TO CORAL SEA WAY # 24 STREET ADDRESS TO CORAL SEA WAY # 24 STREET ADDRESS TO CORAL SEA WAY # 24 STREET ADDRESS TO CORAL SEA WAY # 11 STREET ADDRESS TO CORAL SEA WAY # 10 STREET ADDRESS TO CORAL SEA WAY 20 STREET ADDRESS TO CORAL SEA WAY 1 STREET ADDRESS TO COR	TITLE NAMÉ	OFFICERS AND DIE PD SILVA, GAIL	Trust Fund C	Ontribution.  11.  TITLE  NAME	Added to Fees	Florid	is Department of S S AND DIRECTORS II	N 10	
NAME STREET ADDRESS CITY-ST-ZP	TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD SILVA, GAIL 75 CORAL SEA WAY # 9	Trust Fund C	Ontribution.  11.  TITLE NAME STREET ADDRESS	Added to Fees	Florid	is Department of S S AND DIRECTORS II	N 10	
CITY-SI-ZIP SATELLITE BEACH, FL 32937  ITILE D THOMPSON, KATE STREET ADDRESS CITY-SI-ZIP SATELLITE BEACH, FL 32937  ITILE S STEET ADDRESS CITY-SI-ZIP SATELLITE BEACH, FL 32937  ITILE S SYLVESTER, HELEN 60 CORAL SEA WAY 20 STREET ADDRESS CITY-SI-ZIP SATELLITE BEACH, FL 32937  ITILE T Delete TITLE S STREET ADDRESS CITY-SI-ZIP  ITILE T Delete TITLE S STREET ADDRESS CITY-SI-ZIP  ITILE T STREET ADDRESS GOORAL SEA WAY 1 STREET ADDRESS CITY-SI-ZIP  ITILE T STREET ADDRESS GOORAL SEA WAY 1 STREET ADDRESS GOORAL SE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, GAIL 75 CORAL SEA WAY # 9 SATELLITE BEACH, FL 32937	Trust Fund C	Ontribution.  11,  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Added to Fees ADDITIONS/CHAN	Florid	ta Department of S S AND DIRECTORS IF	State N 10 Addition	
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TITLE NAME THOMPSON, KATE THOMPSON, KATE TO CORAL SEA WAY # 11 SATELLITE BEACH, FL 32937  TITLE STREET ADDRESS TREET ADDRESS TO CORAL SEA WAY # 11 SATELLITE BEACH, FL 32937  TITLE STREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937  TITLE THUE THOMPSON, KATE THO	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SILVA, GAIL 75 CORAL SEA WAY # 9 SATELLITE BEACH, FL 32937 VD MITCHELL, BOB	Trust Fund C	Ontribution.  11,  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Added to Fees  ADDITIONS/CHAN	Florid GES TO OFFICERS	ta Department of S S AND DIRECTORS If Change	State N 10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE SATELLITE BEACH, FL 32937  TITLE SYLVESTER, HELEN STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937  TITLE T BURTON, SYBIL STREET ADDRESS GO CORAL SEA WAY 1 STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937  TITLE T BURTON, SYBIL STREET ADDRESS GO CORAL SEA WAY 1 STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SILVA, GAIL 75 CORAL SEA WAY # 9 SATELLITE BEACH, FL 32937 VD MITCHELL, BOB 75 CORAL SEA WAY # 24	Trust Fund C	Ontribution.  11,  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Added to Fees  ADDITIONS/CHAN  VD  Kate Thom  75 Coral	PSON	ta Department of S S AND DIRECTORS IF Change	N 10 Addition	
TITLE SYLVESTER, HELEN SYLVESTER, HELEN SYLVESTER, HELEN SYLVESTER, HELEN SYLVESTER, HELEN SYLVESTER, HELEN SATELLITE BEACH, FL 32937 CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP  TITLE T Delete TITLE SYLVESTER, HELEN STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Change Addition Addition NAME  STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFICERS AND DIF PD SILVA, GAIL 75 CORAL SEA WAY # 9 SATELLITE BEACH, FL 32937 VD MITCHELL, BOB 75 CORAL SEA WAY # 24 SATELLITE BEACH, FL 32937	Trust Fund C	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHAN  VD  Kate Thom  75 Coral  Setellite S	PSON	Change	N 10 Addition	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	PD SILVA, GAIL 75 CORAL SEA WAY # 9 SATELLITE BEACH, FL 32937 VD MITCHELL, BOB 75 CORAL SEA WAY # 24 SATELLITE BEACH, FL 32937 D THOMPSON, KATE 75 CORAL SEA WAY # 11 SATELLITE BEACH, FL 32937 S SYLVESTER, HELEN 60 CORAL SEA WAY 20 SATELLITE BEACH, FL 32937 T BURTON, SYBIL 65 CORAL SEA WAY 1	Trust Fund C RECTORS  Delete  Delete  Delete	ONTRIBUTION.  11.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Added to Fees  ADDITIONS/CHAN  VD  Kate Thom  75 Coral  Setellite 5  D  Stusse Day  75 Coral  Setellite B	PSON Seach, Fi	Change  Change  Change  Change  Change  Change  Change	N 10 Addition  Addition  Addition	
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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:	SIGNATURE AND TYPED OR PRINTED HAM	E OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone 4
SIGNATURE:	ALABORT	SYBIL A BURTON	4/19/2006	321-773-474