


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90092 007 ****61.25

DOCUMENT # N93000002465					
1. Entity Name CORAL SEA VILLAS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business CORAL SEA WAY SATELLITE BEACH, FL 32937			Mailing Address CORAL SEA VILLAS PO BOX 372305 SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3200658	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SILVA, GAIL 75 CORAL SEA WAY 9 SATELLITE BEACH, FL 32937		Name 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Gail A. Silva</i> GAIL A. SILVA, President		(NOTE: Registered Agent Signature required when reinstating)		3-28-07 DATE	
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 PD NAME SILVA, GAIL STREET ADDRESS 75 CORAL SEA WAY # 9 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME THOMPSON, KATE STREET ADDRESS 75 CORAL SEA WAY #11 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Escobar, Alberto STREET ADDRESS 70 Coral Sea Way #23, Satellite Bch, FL 32937 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME STUSSE, DAVID STREET ADDRESS 75 CORAL SEA WAY #10 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE DT NAME Thompson, Kate STREET ADDRESS 75 Coral Sea Way #11, Satellite Bch, FL 32937 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BURTON, SYBIL STREET ADDRESS 65 CORAL SEA WAY 1 CITY-ST-ZIP SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE D NAME Schweikert, Claudia STREET ADDRESS 75 Coral Sea Way #8, Satellite Bch, FL 32937 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S NAME Escobar, Pamela STREET ADDRESS 70 Coral Sea Way, #23, Satellite Bch, FL 32937 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Gail A. Silva</i> GAIL A. SILVA, Pres.		3-28-07		321-777-3701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	