

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

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



03092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3200658

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, GAIL
75 CORAL SEA WAY 9
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILVA, GAIL
STREET ADDRESS	75 CORAL SEA WAY # 9
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	DT
NAME	THOMPSON, KATE
STREET ADDRESS	75 CORAL SEA WAY #11
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VD
NAME	ESCOBAR, ALBERTO
STREET ADDRESS	70 CORAL SEA WAY #23
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	SCHWEIKERT, CLAUDIA
STREET ADDRESS	75 CORAL SEA WAY #8
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	S
NAME	ESCOBAR, PAMELA
STREET ADDRESS	70 CORAL SEA WAY #23
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/08-80037-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Kate Thompson Kate Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-08

Date

321-773-4360

Daytime Phone #