

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90286 050 ****61.25

DOCUMENT # N93000003741					
1. Entity Name CORAL PALM VILLAGE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business CORAL PALM VILLAGE 9796 ROYAL PALM BLVD CORAL SPRINGS, FL 33065 US			Mailing Address C/O CEC CORPORATION 4817 NE 23 AVE FT LAUDERDALE, FL 33308 US		
2. Principal Place of Business		3. Mailing Address <i>9796 Royal Palm Blvd</i>		40065351 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192005 Chg-NP CR2E037 (10/03)	
City & State		City & State <i>Coral Springs, FL</i>		4. FEI Number 65-0436229	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>33065</i>		Country <i>US</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CEC CORPORATION 4817 NE 23 AVENUE FORT LAUDERDALE, FL 33308			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>X</i> _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLSTAD, MARIANN E 9814 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	Frank Casso 9690 Royal Palm Blvd Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORRELL, MERRITT B JR 9652 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE <i>TD</i> NAME STREET ADDRESS CITY-ST-ZIP	Marla Beare 9804 Royal Palm Blvd Coral Springs, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALTON, BETTY 9828 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	Rhoda Glasco Federinham 9854 Royal Palm Blvd Coral Springs, FL 33065	<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
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
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 exemption stated in Section 119.07(3)(i), 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>Marianne Olstad Pres. HOA</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marianne Olstad		
Date <i>4/20/05</i>			Daytime Phone # <i>954-345-6741</i>		