

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 03, 2006 8:00 am
Secretary of State**

04-03-2006 90380 039 ****70.00

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03282006 Chg-NP CR2E037 (11/05)

DOCUMENT # N93000005157		
1. Entity Name ALLIANCE OF CORAL REEF ESTATES, INC.		
Principal Place of Business 8895 SW 152ND ST MIAMI, FL 33157		Mailing Address 8895 SW 152ND ST MIAMI, FL 33157
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent CLUB, PALM 19790 SW 134 COURT MIAMI, FL 33177		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<small>(NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
LATSHAW, CHARLES R. 8825 SW 154 TERR. MIAMI, FL		D JOHN PETTIT 15395 SW 89 COURT PALMETTO BAY, FL 33157
D ROBERTS, ROBERT L 14845 S.W. 88TH AVENUE MIAMI, FL 33176		D JOSEPH BOYER 15300 SW 89 COURT PALMETTO BAY FL 33157
T PALM, DAVID E. 8895 SW 152ND STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ARMORER, JOY 15200 SW 87TH COURT MIAMI, FL 331572004		TITLE NAME STREET ADDRESS CITY-ST-ZIP
D PAULETTE, DAVIDSON 15195 SW 87 COURT MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LATSHAW, DONNA 8825 SW 154 TERR. MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>David E. Palm</u> DAVID E. PALM 3-29-06 305-252-2455		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small>		
<small>Daytime Phone #</small>		