

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

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**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0109610

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLUB, PALM
19790 SW 134 COURT
MIAMI, FL 33177**

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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 LATSHAW, CHARLES R.
STREET ADDRESS 8825 SW 154 TERR.
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME BOYER, JOSEPH
STREET ADDRESS 15300 SW 89TH CT
CITY-ST-ZIP PALMETTO BAY, FL 33157

TITLE T
NAME PALM, DAVID E.
STREET ADDRESS 8895 SW 152ND STREET
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME PETTIT, JOHN
STREET ADDRESS 15395 SW 89TH CT
CITY-ST-ZIP PALMETTO BAY, FL 33157

TITLE D
NAME LATSHAW, DONNA
STREET ADDRESS 8825 SW 154 TERR
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000786639
01/17/08-80044-028 70.00

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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:

David E Palm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08

Date

305-252-2455

Daytime Phone #