2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# N94000006005

Entity Name: CORAL PLAZA CONDOMINIUM ASSOCIATION OF LEHIGH ACRES, INC.

Current Principal Place of Business:

1140 LEE BLVD.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1591 HAYLEY LANE
SUITE 203
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0561879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEETSCREEK, DAVID D MR.
1591 HAYLEY LANE
SUITE 203
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STOUT, NATHAN	
Address:	1140 LEE BLVD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	SD	( ) Delete
Name:	MCWILLIAMS, JOHN	
Address:	1140 LEE BLVD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	D	( ) Delete
Name:	MILLER, KIM	
Address:	1140 LEE BLVD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	D	( ) Delete
Name:	KEELAN, MICHAEL L	
Address:	1140 LEE BLVD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN STOUT PD 01/13/2005

Electronic Signature of Signing Officer or Director — Date