

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90220 009 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N96000001840</b><br>1. Entity Name<br><b>HOMEOWNERS' ASSOCIATION OF CORAL COAST, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>KEY LARGO, FLORIDA<br/>CORAL COAST SUBDIVISION<br/>KEY LARGO FL 33037</b>   |  |  | Mailing Address<br><b>PO BOX 9566<br/>TAVERNIER FL 33070</b>                                   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |  |  | City & State   |   |  |
| Zip   |  | Country  |  | 4. FEI Number<br><b>65-0665847</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 5. Name and Address of Current Registered Agent<br><br><b>DECARION, GEORGE H<br/>12601 S.W. 87 STREET<br/>PINECREST FL 33156</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>John Hammerstrom</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>115 Coastal Drive</b><br><b>Key Largo FL 33037</b><br>City <b>FL</b> 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.<br>SIGNATURE <b>04/23/05</b> DATE   |  |  |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>NYMAN, GEORGE</b><br><b>101825 OVERSEAS HWY</b><br><b>KEY LARGO FL 33037</b>                  | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>John Hammerstrom</b><br><b>P.O. Box 860</b><br><b>Tavernier, FL 33070</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br><b>GORDON, MICHAEL</b><br><b>106 CORAL DRIVE, CORAL COAST SUB.</b><br><b>KEY LARGO FL 33037</b>  | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Chesker Quintyne</b><br><b>121 Sevenrio Drive</b><br><b>Islamorada, FL 33036</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br><b>MARSHALL, DIANE P.</b><br><b>PO BOX 860</b><br><b>TAVERNIER FL 33070</b>                      | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Aina Jurado</b><br><b>108 Coastal Drive</b><br><b>Key Largo FL 33037</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br><b>DECARION, GEORGE H</b><br><b>12601 S.W. 87 STREET</b><br><b>PINECREST FL 33156</b>            | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Sharon Nyman</b><br><b>113 Coastal Drive</b><br><b>Key Largo FL 33037</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>GORDON, MARY LOU</b><br><b>1060 CORAL DRIVE, CORAL COAST SUB.</b><br><b>KEY LARGO FL 33037</b> | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Natalio Abrudsky</b><br><b>1470-R NW 107th Ave</b><br><b>Miami, FL 33127</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>04/23/05</b> <b>305 852-8722</b>  |  |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Diane P. Marshall</b> |   |  |

Change as of 04/25/05