


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90560 031 \*\*\*\*61.25

**DOCUMENT # N96000002119**  
 1. Entity Name  
**CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4350 NW 19TH AVE.**      **PO BOX 97-0069**  
**STE. C**      **BOCA RATON FL 33497**  
**POMPANO BEACH FL 33064**      **US**  
**US**

66422006



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0674375**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PALOMBI, GARY**  
**4350 NW 19TH AVE.**  
**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW. FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD OWEN, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	9965 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE NAME	TD PARNES, MICKEY	<input type="checkbox"/> Delete
STREET ADDRESS	9973 NW 57TH MANOR	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE NAME	D MACIAS, THERESA	<input type="checkbox"/> Delete
STREET ADDRESS	9957 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE NAME	SD MICHAELS, MARTY	<input type="checkbox"/> Delete
STREET ADDRESS	5736 NW 99TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE NAME	D DI FRONZO, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9934 NW 56TH PL	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Derek Locke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5751 NW 98th Way	
CITY-ST-ZIP	Coral Springs FL 33076	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      Date: *5/19/04*      Daytime Phone #: *954-261-6508*