


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

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90349 042 ****61.25

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1. Entity Name
CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**4350 NW 19TH AVE.
 STE. C
 POMPANO BEACH FL 33064
 US**

**PO BOX 97-0069
 BOCA RATON FL 33497
 US**

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWEN, DAVID	
STREET ADDRESS	9965 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARNES, MICKEY	
STREET ADDRESS	9973 NW 57TH MANOR	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACIAS, THERESA	
STREET ADDRESS	9957 NW 57TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAELS, MARTY	
STREET ADDRESS	5736 NW 99TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOCKE, DEREK	
STREET ADDRESS	0751 NW 98TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D Rhonda Thompson</i>	
STREET ADDRESS	<i>9932 NW 57th MANOR</i>	
CITY-ST-ZIP	<i>CORAL SPRINGS FL 33076</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *David Owen* **DAVID OWEN** *4/11/05* *954-261-6508*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #