

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 048 ****61.25

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1. Entity Name

CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0674375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2006

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 PD
NAME OWEN, DAVID ☐ Delete
STREET ADDRESS 9965 NW 57TH MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE TD
NAME PARNES, MICKEY ☒ Delete
STREET ADDRESS 9973 NW 57TH MANOR
CITY-ST-ZIP POMPANO BEACH FL 33076

TITLE D
NAME MACIAS, THERESA ☐ Delete
STREET ADDRESS 9957 NW 57TH MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE VP
NAME MICHAELS, MARTY ☐ Delete
STREET ADDRESS 5736 NW 99TH LANE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE D
NAME THOMPSON, RHONDA ☐ Delete
STREET ADDRESS 9937 NW 57TH MANOR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Owen