


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90065 009 ****61.25

DOCUMENT # N96000002119					
1. Entity Name CORAL REEF CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4350 NW 19TH AVE. STE. C POMPAN0 BEACH, FL 33064 US			Mailing Address PO BOX 97-0069 BOCA RATON, FL 33497 US		
2. Principal Place of Business - No P.O. Box # 778 South Military Trail Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Deerfield Beach FL		City & State		4. FEI Number 65-0674375	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33442		Country		Country	
6. Name and Address of Current Registered Agent PALOMBI, GARY 4350 NW 19TH AVE. POMPAN0 BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, DAVID 9965 NW 57TH MANOR CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACIAS, THERESA 9957 NW 57TH MANOR CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAELS, MARTY 5736 NW 99TH LANE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RHONDA 9937 NW 57TH MANOR CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 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: <i>David Owen</i> David Owen		Date: 3/28/07		Daytime Phone #: 954-261-6508	

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