

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002590

FILED
Apr 30, 2005
Secretary of State

Entity Name: CORAL PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2735 NE 15TH STREET
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

2735 NE 15TH STREET
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0848937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICATA, MICHAEL B
2741 NE 15TH STREET
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

HEIL, BRUCE J. B
2739 NE 15TH STREET
FT. LAUDERDALE, FL 33304 US

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.

SIGNATURE: BRUCE J. HEIL

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LICATA, MICHAEL
Address: 2741 NE 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VD () Delete
Name: HEIL, B.J.
Address: 2739 NE 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: STD () Delete
Name: OWENS, JACQUELINE J
Address: 2735 N.E. 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HEIL, BRUCE
Address: 2739 NE 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VD (X) Change () Addition
Name: OWENS, RICHARD
Address: 2735 NE 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE J. OWENS

S/T

04/30/2005

Electronic Signature of Signing Officer or Director

Date