2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002590

FILED Apr 08, 2006 Secretary of State

Entity Name: CORAL PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2735 NE 15TH STREET

FORT LAUDERDALE, FL 33304 US

Current Mailing Address: New Mailing Address:

2735 NE 15TH STREET

FORT LAUDERDALE, FL 33304 US

FEI Number: 65-0848937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEIL, BRUCE J. B OWENS, RICHARD D 2739 NE 15TH STREET 2735 NE 15TH STREET

FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 US 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: RICHARD D. OWENS 04/08/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HEIL, BRUCE OWENS, RICHARD Name: Name:

2739 NE 15TH STREET Address: 2735 NE 15TH STREET Address: City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VD Title: VD (X) Change () Addition () Delete

OWENS, RICHARD Name: BALKOU, WILLIAM Name: Address: 2735 NE 15TH STREET Address: 2737 NE 15TH STREET City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33304

Title: STD () Delete Title: () Change () Addition

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

Title: () Delete Title: DIR () Change (X) Addition

Name: Name: JANKOVICH, DAVID Address: Address: 2739 NE 15TH STREET City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33304

Title: Title: () Change (X) Addition

() Delete RAINEY, MARK Name: Name: 2741 NE 15TH STREET Address: Address: FORT LAUDERDALE, FL 33304 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 STD 04/08/2006

Electronic Signature of Signing Officer or Director

Date