



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90404 013 ****61.25

DOCUMENT # N97000002590 1. Entity Name CORAL PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2735 NE 15TH STREET FORT LAUDERDALE, FL 33304 US			Mailing Address 2735 NE 15TH STREET FORT LAUDERDALE, FL 33304 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0848937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, JACQUELINE J 2735 NE 15TH STREET FT. LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Jacqueline J. Owens</i></u> Jacqueline J. Owens 4/24/08 <small>Signature typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAINEY, MARK <input type="checkbox"/> Delete 2741 NE 15TH STREET FT. LAUDERDALE, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANKOVICH, DAVID <input type="checkbox"/> Delete 2739 NE 15TH STREET FT. LAUDERDALE, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. OWENS, JACQUELINE J <input type="checkbox"/> Delete 2735 N.E. 15TH STREET FT. LAUDERDALE, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BALKOU, WILLIAM <input type="checkbox"/> Delete 2737 NE 15TH STREET FORT LAUDERDALE, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Jankovich <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2739 NE 15th Street Ft. Lauderdale, FL 33304				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Owens, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2735 NE 15th Street Ft. Lauderdale, FL 33304				
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"/> Change <input type="checkbox"/> Addition				
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: <u><i>Jacqueline J. Owens</i></u> Jacqueline J. Owens 4/24/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					