

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90305 031 ****61.25

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1. Entity Name
CORAL COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

Mailing Address
C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

00011920



2. Principal Place of Business
CORAL LAKES CLUBHOUSE CAS @ CORAL LAKES

Suite, Apt. #, etc.

3. Mailing Address
12751 EL CLAIRE RANCH RD.

Suite, Apt. #, etc.

02212006 Chg-NP CR2E037 (11/05)

City & State

BOYNTON BEACH, FL

4. FEI Number
65-1063145

Applied For
Not Applicable

Zip

Country

33437

P. B. C.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAPLAN, LOUIS ESQ.
SACHS, SAX & KLEIN, P.A.
301 YAMATO RD., STE. 4150
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Melissa Masqueler
C/O CAS @ CORAL LAKES
12751 EL CLAIRE RANCH RD.
BOYNTON BEACH FL 33437

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

Filing 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	VPD	<input type="checkbox"/> Delete
NAME	NATOWITZ, FRAN	
STREET ADDRESS	12529 IMPERIAL ISLE DR, APT 108	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILTON, BROWN	
STREET ADDRESS	12511 IMPERIAL ISLE DR, # 403	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STAHL, JOEL	
STREET ADDRESS	12565 IMPERIAL ISLE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWISLOW, MARSHALL	
STREET ADDRESS	12511 IMPERIAL ISLE DR., #306	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDERMAN, MARILYN	
STREET ADDRESS	12565 IMPERIAL ISLE DR, # 104	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUSKIN, MARLENE	
STREET ADDRESS	1259 IMPERIAL ISLE DR, # 407	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JACK ROEMAN - 2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12529 IMPERIAL ISLE DR. APT. 108	
STREET ADDRESS	BOYNTON BEACH, FL 33437	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GOODMAN	
STREET ADDRESS	5749 GEMSTONE CRT. APT. 202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL STAHL
JOEL STAHL

4/8/06 561-865-8596