
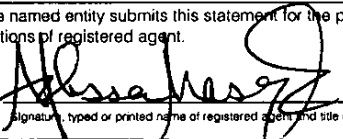
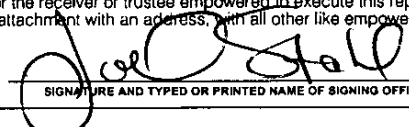


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90087 003 \*\*\*\*61.25

<b>DOCUMENT # N97000003360</b> 1. Entity Name CORAL COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437				Mailing Address C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  MASQUPLIER, MELISSA C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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  <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		ADMINISTRATIVE ASSISTANT		3/26/07 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NATOWITZ, FRAN 12529 IMPERIAL ISLE DR, APT 108 BOYNTON BEACH, FL 33437	<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	2VP ROSMAN, JACK 12529 IMPERIAL ISLE DR., APT 108 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DAVID GOODMAN 5749 GENSTONE CT. # 202 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAHL, JOEL 12565 IMPERIAL ISLE DR BOYNTON BEACH, FL 33437	<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	TD SWISLOW, MARSHALL 12511 IMPERIAL ISLE DR., #306 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. ROBERT GLADSTONE 12511 IMPERIAL ISLE DR. #203 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDERMAN, MARILYN 12565 IMPERIAL ISLE DR, # 104 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. BEA SELTZER 5749 GENSTONE COURT # 406 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSKIN, MARLENE 1259 IMPERIAL ISLE DR, # 407 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. FLORENCE HOFFMAN 12529 IMPERIAL ISLE DR. #107 BOYNTON BEACH, FL 33437
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: 		JOEL STAHL		3/28/07 561-637-0880	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	