

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90063 032 \*\*\*\*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 # <b>CAMPBELL PROPERTY @ CORAL LAKES</b>		3. Mailing Address <b>12751 EL CLAIRE RANCH RD. 4 - SAME</b>	
Suite, Apt. #, etc. <b>12751 EL CLAIRE RANCH RD.</b>		Suite, Apt. #, etc. <b>4 - SAME</b>	
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>BOYNTON BEACH, FL</b>	
Zip <b>33437</b>		Zip <b>PAUM BCH</b>	
Country <b>PAUM BCH</b>		Country <b>PAUM BCH</b>	
4. FEI Number <b>65-1063145</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent MASQUOLIER, MELISSA C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name <b>JOEL STAHL</b> Street Address (P.O. Box Number is Not Acceptable) <b>12565 IMPERIAL ISLE DR</b> <b># 201</b> City <b>BOYNTON BEACH</b> FL <b>33437</b>	
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>		DATE <b>2/4/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NATOWITZ, FRAN 12529 IMPERIAL ISLE DR, APT 108 BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP 19REAL EPSTEIN 12560 MAJESTY CIRCLE # 302 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GOODMAN, DAVID 5749 GEMSTONE CT #202 BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB GLADSTONE 12511 IMPERIAL ISLE DR. #203 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAHL, JOEL 12565 IMPERIAL ISLE DR # 201 BOYNTON BEACH, FL 33437	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELTZER, BEA 5749 GEMSTONE COURT #406 BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, FLORENCE 12529 IMPERIAL ISLE DR. #107 BOYNTON BEACH, FL 33437	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	