## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N97000006438

THE CORALS OF OAKLAND PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address 2787 E. OAKLAND PARK BLVD. 2787 E. OAKLAND PARK BLVD. SUITE 404 SUITE 404 FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306

**FILED** Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90268 016 \*\*\*\*61.25



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Principal Place of Business     3.				3. Mailing Address			1						
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			0106	32006	Chg-NP		CR2E0	37 (11/05)	
City & State			Cit	City & State				Numbe 5-080				<del></del>	oplied For
Zip Country Zi			p Country		5. Ce	ertificate (	of Status Des	sired		\$8.75 Add	ditional		
	6. Name and	Address of Currer	t Registere	ed Agent			7. Na	me and	Address of	New Re	gistered	<u>`</u>	
<u> </u>						Name							
CRANE, DAVID W 2787 E. OAKLAND PARK BLVD. SUITE 404				-	Street Address (P.O. Box Number is Not Acceptable)								
FORT LAL	JDERDALE, F	L 33306											
						City					FL	Zip Cod	е
			for the purp	ose of changing its re	egistered	office or	registered ager	nt, or both	n, in the State	of Flor	ida. I am	familiar with,	and accept
the obligat	tions of registered	d agent.											
SIGNATURE .	Signature, typed or pri	nted name of registered age	nt and little if app	olicable. (NOTE: I	Registered Ad	cent signatu	re required when rein	stating)			DATE		
								•	-				
	Filing Fee is	\$61.25	}	<ol><li>Election Camp</li></ol>			\$5.00	May B	,	Ma	ke chec	k payable t	0
	Due by May	1, 2006		Trust Fund Co	entribution	1,	☐ Added	to Fees		Florid	da Depa	rtment of S	tate
10.		OFFICERS AND D	IRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	D			☐ Delete	TITLE							☐ Change	Addition
NAME	SEARS, BILL				NAME								
STREET ADDRESS	4251 NE 16 A	•				ADDRESS							
CITY-ST-ZIP	<b>.</b>	ARK, FL 33334			CITY-ST	- ZIP	<del>-</del>						
TITLE	D			☐ Delete								Change	☐ Addition
NAME	BLACK, JANE	<del>- T</del>		Delete	TITLE								
STREET ADDRESS				Delete	NAME								
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CITY-ST-ZIP	1			Delete	NAME								
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TITLE NAME STREET ADDRESS	OAKLAND PA S BERNARDI, M 4731 NE 15TI	STREET ARK, FL 33334 KEVIN H TERR.			NAME STREET A CITY-ST TITLE NAME STREET A	-ZIP ADDRESS	_						
TITLE NAME	OAKLAND PA S BERNARDI, M 4731 NE 15TI	STREET ARK, FL 33334 KEVIN			NAME STREET A CITY-ST TITLE NAME	-ZIP ADDRESS	KELLEY, 4211 NE	16 A	venue	333/			
TITLE NAME STREET ADDRESS	OAKLAND PA S BERNARDI, M 4731 NE 15TI OAKLAND PA TD	STREET ARK, FL 33334 KEVIN H TERR. ARK, FL 33334			NAME STREET A CITY-ST TITLE NAME STREET A	-ZIP ADDRESS	KELLEY,	16 A	venue	3334			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OAKLAND PA S BERNARDI, K 4731 NE 15TI OAKLAND PA TD SHAW, MARI 1727 NE 37 S	STREET ARK, FL 33334 KEVIN H TERR. ARK, FL 33334 LYN STREET		K) Delete	NAME STREET # CITY-ST TITLE NAME STREET # CITY-ST TITLE NAME STREET #	ADDRESS - ZIP	KELLEY, 4211 NE	16 A	venue	3334	1	் Change	<b>⊠</b> Addition
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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 epiglowered.

CITY-ST-ZIP

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	"   7/-	<b>11 U</b>		

CITY-ST-ZIP

OAKLAND PARK, FL 33334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06 354-77/-5503