


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90041 012 ****61.25

DOCUMENT # N97000006438 1. Entity Name THE CORALS OF OAKLAND PARK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2787 E. OAKLAND PARK BLVD. SUITE 404 FORT LAUDERDALE, FL 33306			Mailing Address 2787 E. OAKLAND PARK BLVD. SUITE 404 FORT LAUDERDALE, FL 33306		
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	4. FEI Number 65-0801468	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRANE, DAVID W 2787 E. OAKLAND PARK BLVD. SUITE 404 FORT LAUDERDALE, FL 33306			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEARS, BILL		NAME		
STREET ADDRESS	4251 NE 16 AVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORIN, JACK		NAME		
STREET ADDRESS	4431 NE 17TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, THOMAS B		NAME		
STREET ADDRESS	4211 NE 16 AVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, MARILYN		NAME		
STREET ADDRESS	1727 NE 37 STREET		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOSS, ANDREA		NAME		
STREET ADDRESS	4041 NE 16 TERR.		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUSTAS, LINDA J		NAME		
STREET ADDRESS	3941 NE 13 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33334		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: <u>William M. Sears</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/4/08</u> <small>Date</small>		
			<small>Daytime Phone #</small>		