# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2009**
**Secretary of State**

DOCUMENT# N98000000688

**Entity Name:** CORALINA HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

904 SE 5TH AVENUE
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

904 SE 5TH AVENUE
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number: 65-0380555** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAGHER, JOSEPH M
904 SE 5TH AVENUE
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete
Name: ROBINSON, DORIS
Address: 1027 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD ( ) Delete
Name: FLATOW, PETER
Address: 1025 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD ( ) Delete
Name: BALASCO, PAM
Address: 1022 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD ( ) Delete
Name: BLUNT, JASON
Address: 1028 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: NIMPHIE, MATINA
Address: 1023 CORALINA AVE
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition
Name: FLATOW, PETER
Address: 1025 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD (X) Change ( ) Addition
Name: FLATOW, PETER
Address: 1025 CORALINA LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON BLUNT PD 02/22/2009

Electronic Signature of Signing Officer or Director — Date