


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90004 006 ****61.25

DOCUMENT # N98000004534 1. Entity Name CORAL COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1700 S MIRAMAR AVE INDIALANTIC, FL 32903 US			Mailing Address 1700 S MIRAMAR AVE INDIALANTIC, FL 32903 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3573276	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, JULIE 1704 S MIRAMAR AVE INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 8-6-05	
SIGNATURE: <u><i>Julie Watson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by September 7, 2005		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HART, ROBERT <input checked="" type="checkbox"/> Delete 81 MIAMI AVE INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLOCK, RAYMOND L <input type="checkbox"/> Delete 91 MIAMI AVE INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHI, CONCETTA <input checked="" type="checkbox"/> Delete 101 MIAMI AVE INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLIFFORD, KEVIN C <input type="checkbox"/> Delete 1710 S MIRAMAR AVE INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, JAMES W <input type="checkbox"/> Delete 1706 S MIRAMAR AVE INDIALANTIC, FL 32903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JULIE <input type="checkbox"/> Delete 1704 MIRAMAR AVE INDIALANTIC, FL 32903				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SD Brower, Patrick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 81 Miami Ave Indialantic, FL 32903					
D LEE, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1708 S Miramar Ave Indialantic, FL 32903					
TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Julie Watson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 8/6/05 Daytime Phone #: 321-591-7344					

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080720/5 Chg-NP CR2E037 (10/03)