2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N98000004534



FILED Jun 19, 2006 8:00 am Secretary of State

1. Entity Name CORAL COVE HOMEOWNERS ASSOCIATION, INC.						06	5-19-2006 900	003 036	*****61	.25	
1700 S MIRAMAR AVE 1700			Mailing Address 1700 S MIRAMAR AVE INDIALANTIC, FL 3290	00 S MIRAMAR AVE				III 48 31) B1981		IMBI B1 ISBN	
2. Principal Place of Business 3. Mai			3. Mailing Address	lailing Address							
·		Suite, Apt. #, etc.	Suite, Apt. #, etc.		06032006 Cr	ng-NP	CR2E037	7 (4/06)			
City & State		City & State	City & State		4. FEI Number 59-357327	6			pplied For of Applicable		
Zip	Country		Zip	Country	5. Certificate of Status Desired		·	\$8.75 Additional Fee Required			
6. Name and Address of Current Registere			legistered Agent			7. Name and Add	ress of New Regis	stered Age	ent		
WATSON, 1704 S MII		VF 🔌		Name Street Address (P.O. Box Number is Not Acceptable			lot Acceptable)				
INDIALANTIC, FL 32903						· · · · · · · · · · · · · · · · · · ·					
				City				FL	Zip Code	e	
	named entitions of regist		the purpose of changing its	registered office or	register	ed agent, or both, in	the State of Florida	a. I am fan	niliar with,	and accept	
SIGNATÚRE .	Slassing trad	or printed name of registered agent a	nd title if anglishble (MOTT	: Registered Agent signati		udog sainssation\		DATE			
#	oligirature, typed	or printed name or registered agent a	та гле и аррисаоте: (4016	: negistereo Agent signat	are required	where reinstating)		UAIC			
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		17./		ontribution.	<u> </u>	Added to Fees	Florida	Departm	ent of St		
		OFFICERS AND DIR	ECTORS	11.		Added to Fees		AND DIREC	CTORS IN	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	81 MIAMI	OFFICERS AND DIR I, PATRICK AVE			<u> </u>	Added to Fees DDITIONS/CHANGE	ES TO OFFICERS A	AND DIREC		tate	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BROWER 81 MIAMI INDIALAN PD POLLOCK 91 MIAMI	OFFICERS AND DIR I, PATRICK AVE ITIC, FL 32903 I, RAYMOND L AVE	ECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	Added to Fees	ES TO OFFICERS A	AND DIREC	CTORS IN	ate	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BROWER 81 MIAMI INDIALAN PD POLLOCH 91 MIAMI INDIALAN D LEE, ROE 1708 SE N	OFFICERS AND DIR I, PATRICK AVE ITIC, FL 32903 I, RAYMOND L AVE ITIC, FL 32903	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	<u> </u>	Added to Fees DDITIONS/CHANGE	ES TO OFFICERS A	AND DIREC	CTORS IN Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BROWER 81 MIAMI INDIALAN PD POLLOCH 91 MIAMI INDIALAN D LEE, ROE 1708 SE I INDIALAN VD CLIFFOR 1710 S M	OFFICERS AND DIR R, PATRICK AVE ITIC, FL 32903 C, RAYMOND L AVE ITIC, FL 32903 BERT MIRAMAR AVE	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees DDITIONS/CHANGE	ES TO OFFICERS A	AND DIREC	CTORS IN Change Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BROWER 81 MIAMI INDIALAN PD POLLOCH 91 MIAMI INDIALAN D LEE, ROE 1708 SE I INDIALAN VD CLIFFOR 1710 S M INDIALAN D HOLLAND 1706 S M	OFFICERS AND DIR I, PATRICK AVE ITIC, FL 32903 IC, RAYMOND L AVE ITIC, FL 32903 BERT MIRAMAR AVE ITIC, FL 32903 D, KEVIN C IRAMAR AVE	Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	Added to Fees DDITIONS/CHANGE	ES TO OFFICERS A	AND DIREC	CTORS IN Change Change	Addition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321-728-47

Daytime Phone #