


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
2. Apr 03, 2007 8:00 am
Secretary of State

02-26-2007 90060 049 ****61.25

DOCUMENT # N99000000183

1. Entity Name
CORAL VILLAS HOME OWNERS ASSOCIATION INC.



Principal Place of Business
**13898 SW 153 TERRACE
 MIAMI, FL 33177**

Mailing Address
**13898 SW 153 TERRACE
 MIAMI, FL 33177**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0887748

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: --
**MUNIZ, MARLENE
 15320 SW 138 PLACE
 MIAMI, FL 33177**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is **\$81.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNIZ, MARLENE			NAME			
STREET ADDRESS	15320 SW 138 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, CARMEN			NAME			
STREET ADDRESS	15325 SW 138 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IRAL, GLORIA E			NAME			
STREET ADDRESS	15250 SW 138 COURT			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CODORAL, OLGA			NAME	5. Cadaval Olga		
STREET ADDRESS	15312 SW 138 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33177			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ Date: **3/23/07** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR