

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90285 046 ****61.25

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1. Entity Name
**CORAL KEY OF PALM BEACH HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**104 OLD JUPITER BEACH RD.
JUPITER, FL 33477 US**

Mailing Address
**114 OLD JUPITER BEACH RD.
JUPITER, FL 33477 US**

50023355



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0897298

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRIS, VIRGINIA
104 OLD JUPITER BEACH RD.
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORTON, LISA
STREET ADDRESS	104 OLD JUPITER BEACH RD.
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	P
NAME	MORRIS, VIRGINIA
STREET ADDRESS	104 OLD JUPITER BEACH ROAD
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	T
NAME	PEARSALL, SHERRY
STREET ADDRESS	114 OLD JUPITER BEACH RD.
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	HOLMES, OLGA
STREET ADDRESS	108 OLD JUPITER BEACH ROAD
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	HEYLMUM, TOM
STREET ADDRESS	110 OLD JUPITER BEACH ROAD
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sherry Pearsall
Sherry Pearsall

4/24/05 **561 743 9808**