2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2004 8:00 am Secretary of State DOCUMENT # N99000003552 1. Entity Name 02-06-2004 90006 020 ****80 00 CORAL COVE BEACH OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 253 MARINA DRIVE FORT PIERCE FL 34949 253 MARINA DRIVE FORT PIERCE FL 34949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0795767 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONKLIN, HOWARD Street Address (P.O. Box Number is Not Acceptable) 2030 HARBOR TOWN DR SUITEA FORT PIERCE FL 34946 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D 525C. TITLE ☐ Delete TITLE ☐ Change Addition NANCY, SPALDING MARINARD, JOSEPH NAME NAME 211 MARINA DRIVE 278 BERMUDIBEACH DR. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34949 TITLE ☐ Delete TITI F ☐ Change Addition EGGNATZ, LEE NAME NAME 272 BERMUDA BEACH DR STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition LOHR RICK NAME NÂME 2801 E NORTH A1A STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GESNER, WILLIAM J NAME NAME 253 MARINA DR STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RIORDAN, MICHAEL C NAME NAME 213 MARIANA DR STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition BROWNING, BRETT W NAME 230 MARIANA DR. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34949 CITY-ST-ZIP CITY-ST-ZIP 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.

WILLIAM J. GESNER, PRES.

Pres.

SIGNATURE: Williams

FILED