

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90041 008 ****61.25

DOCUMENT # N99000003552

1. Entity Name
CORAL COVE BEACH OWNERS ASSOCIATION, INC.



Principal Place of Business
**253 MARINA DRIVE
FORT PIERCE, FL 34949**

Mailing Address
**253 MARINA DRIVE
FORT PIERCE, FL 34949**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

(N99000003552 N)

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0795767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONKLIN, HOWARD
2030 HARBOR TOWN DR SUITE A
FORT PIERCE, FL 34946**

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

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

(NOTE: Registered Agents signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	D	NAME	NANCY, SPALDING	<input type="checkbox"/> Delete
STREET ADDRESS			211 MARINA DRIVE	
CITY - ST - ZIP			FORT PIERCE, FL 34949	
TITLE	D	NAME	EGGNATZ, LEE	<input type="checkbox"/> Delete
STREET ADDRESS			272 BERMUDA BEACH DR	
CITY - ST - ZIP			FORT PIERCE, FL 34949	
TITLE	D	NAME	LOHR, RICK	<input type="checkbox"/> Delete
STREET ADDRESS			2801 E NORTH A1A	
CITY - ST - ZIP			FORT PIERCE, FL 34949	
TITLE	P	NAME	GESNER, WILLIAM J	<input type="checkbox"/> Delete
STREET ADDRESS			253 MARINA DR	
CITY - ST - ZIP			FORT PIERCE, FL 34949	
TITLE	D	NAME	RIORDAN, MICHAEL C	<input type="checkbox"/> Delete
STREET ADDRESS			213 MARIANA DR	
CITY - ST - ZIP			FORT PIERCE, FL 34949	
TITLE	T	NAME	BROWNING, BRETT W	<input type="checkbox"/> Delete
STREET ADDRESS			230 MARIANA DR.	
CITY - ST - ZIP			FORT PIERCE, FL 34949	

TITLE	D	NAME	JOSEPH MARINARO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			268 BERMUDA BEACH DR.	
CITY - ST - ZIP			FT. PIERCE, FL. 34949	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
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

William J. Gesner 1-27-06