2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90110 017 ****61.25

DOCUMENT # N99000005750

1. Entity Name
CORAL FALLS RESORT CONDOMINIUM ASSOCIATION, INC.

60026534

Principal Place of Business	Mailing Address
6230 SHIRLEY STREET 202 NAPLES, FL 34109	6230 SHIRLEY STREET 202 NAPLES, FL 34109

01122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
STOCK PROPERTY MANAGEMENT	STOCK PROPERTY MANAGEMENT
Suite, Apt. #, etc.: 4980 TAMIAMI TRAIL #101	Suite, Apt. #, etc.: 4980 TAMIAMI TRAIL #101
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34103 Country: COLLIER	Zip: 34103 Country: COLLIER

4. FEI Number 59-3724950 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAREUSEL, JAMIE
1104 N COLLIES BLVD
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name: STOCK PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable): 4980 TAMIAMI TRAIL #101
City: NAPLES, FL **FL** Zip Code: 34103

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: Jim Coomer Sr. Assoc. Mgr.
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD KERNER, MICHAEL 6230 SHIRLEY STREET NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MONSON, LINDA 9175 CELESTE DRIVE NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KERNER, ULRIKE 6230 SHIRLEY STREET NAPLES, FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT JOHNSON, CARL 9175 CELESTE DRIVE NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUBER, ROLAND 1203 WHITEHART AVENUE MARCO ISLAND, FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HORTON, KATHY 9175 CELESTE DRIVE NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kathy Horton 3/22/06 793-3105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #