

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90154 026 \*\*\*\*61.25

<b>DOCUMENT # N99000005750</b>					
<b>1. Entity Name</b> CORAL FALLS RESORT CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> STOCK PROPERTY MGMT 4980 TRAMIAMI TRL 101 NAPLES, FL 34103			<b>Mailing Address</b> STOCK PROPERTY MGMT 4980 TRAMIAMI TRL 101 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b> 179 Trade Center Way, #4		<b>3. Mailing Address</b> P.O. Box 8478			
Suite, Apt. #, etc. 179 Trade Center Way, #4		Suite, Apt. #, etc. P.O. Box 8478			
<b>City &amp; State</b> Naples, FL		<b>City &amp; State</b> Naples, FL		<b>4. FEI Number</b> 59-3724950	
<b>Zip</b> 34109		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CAREUSEL, JAMIE STOCK PROPERTY MGMT 4980 TAMIAMI TRL 101 NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name: DeArmas, Eduardo Street Address (P.O. Box Number is Not Acceptable): 179 Trade Center Way #4 City: Naples FL Zip Code: 34109		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP MONSON, LIND A 9175 CELESTE DR NAPLES, FL 34113	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVT JOHNSON, CARL 9175 CELESTE DR NAPLES, FL 34113	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DS HORTON, KATHY 9175 CELESTE DR NAPLES, FL 34113	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> _____ <b>13 Apr 2007</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		