

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005750

FILED
Apr 14, 2009
Secretary of State

Entity Name: CORAL FALLS RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8478
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3724950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE ARMAS, EDUARDO
C/O SONDCASTLE COMMUNITY MANAGMENT, INC.
1719 TRADE CENTER WAY STE 4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONSON, LIND A
Address: 9175 CELESTE DR
City-St-Zip: NAPLES, FL 34113

Title: DVT () Delete
Name: JOHNSON, CARL
Address: 9175 CELESTE DR
City-St-Zip: NAPLES, FL 34113

Title: DS () Delete
Name: HORTON, KATHY
Address: 9175 CELESTE DR
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MONSON, LINDA
Address: 9175 CELESTE DRIVE #208
City-St-Zip: NAPLES, FL 34113

Title: DVPT (X) Change () Addition
Name: JOHNSON, CARL
Address: 9175 CELESTE DRIVE #402
City-St-Zip: NAPLES, FL 34113

Title: DS (X) Change () Addition
Name: HORTON, KATHY
Address: 9175 CELESTE DRIVE #108
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL JOHNSON

VPTD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date