

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002818

**Entity Name:** CORAL OAKS RESIDENT'S ASSOCIATION, INC.

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC3219325136**

**Current Principal Place of Business:**

900 WEST LAKE ROAD  
APT. # E216  
PALM HARBOR, FL 34684

**Current Mailing Address:**

900 WEST LAKE ROAD  
APT. # E216  
PALM HARBOR, FL 34684 US

**FEI Number: 59-3713226**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MULVANEY, JOSEPH  
900 WEST LAKE ROAD  
# E216  
PALM HARBOR, FL 34684 US

*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

**Officer/Director Detail :**

Title PD  
Name SCOTT, ALBERT  
Address 900 WEST LAKE ROAD #C307  
City-State-Zip: PALM HARBOR FL 34684

Title VD  
Name MARGOLIS, MORTON  
Address 900 WEST LAKE ROAD # A226  
City-State-Zip: PALM HARBOR FL 34684

Title SD  
Name HENDERSON, JOHN  
Address 900 WEST LAKE ROAD # E -107  
City-State-Zip: PALM HARBOR FL 34684

Title TD  
Name MULVANEY, JOSEPH  
Address 900 WEST LAKE ROAD # E-216  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name MCELHOES, ROBERT  
Address 900 WEST LAKE ROAD # A308  
City-State-Zip: PALM HARBOR FL 34684

*I hereby 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 all other like empowered.*

**SIGNATURE: MULVANEY , JOSEPH**

**TREASURER**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date