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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720624 (6) *N/C 3.9.98*

1. Corporation Name
CORAL SEA OF SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~8900 WOODLAKE BLVD. SUITE 201 LEAKE WORTH FL 33463~~ ~~-9900 WOODLAKE BLVD. SUITE 201 LEAKE WORTH FL 33463~~

21	2. Principal Place of Business	2a	2a. Mailing Address
	TOUCHSTONE WEBB MGMT.		5710 S. DIXIE HWY.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
			A
23	City & State	28	City & State
			W.P.B. FL
24	Zip	29	Zip
			33405
25	Country	30	Country

3. Date Incorporated or Qualified
03/31/1971

4. FEI Number **59-1367894**
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BOYLES, KEVIN
4475 MEDICAL CENTER WAY
SUITE 201
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name **V. DONALD HILLEY, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **11382 PROSPERITY FARMS RD. STE. 124**
83 **PALM BEACH GARDENS, FL**
84 City **FL** 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-14-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENLE, EDWARD	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOREN, WIGHT	
STREET ADDRESS	3930 N OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIACOMINI, JOHN	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **A-23-98**

CR2E037 (10/97)