## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 720624**

CORAL SEA OF SINGER ISLAND CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business 5710 S DIXIE HWY Mailing Address

5710 S DIXIE HWY

## **FILED** Apr 19, 1999 8:00 am § Secretary of State

04-19-1999 90025 012 \*\*\*\*61.25

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WEST PALM BCH FL 33405 WEST PALM BCH FL 33405			I Maill (Base (ISN) annia annia nich) anni annia anni anni anni anni					
2. Principal P	Principal Place of Business Za. Mailing Address				3. Date Incorporated or Qualifed 03/31/1971			
21	#	26 Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
	Suite, Apt. #, etc.				59-1367894	- + · · ·	Applicable	
City & Stat	No.	City & State	<del></del>		West To the State of the State	\$8.75 A	dditional	
—, ˙		28			5. Certifcate of Status Desired	Fee Rec	quired	
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	Mav Be	
24	25	29 30			Trust Fund Contribution	Added to	-	
<u> </u>	9. Name and Address of Curren		1		10. Name and Address of New Registere	ed Agent		
	*		81	Name				
V DOMAI	V. DONALD HILLEY, P.A.		82	82 Street Address (P.O. Box Number is Not Acceptable)				
			02	Street Addi	ress (F.O. Box (Milliber is Not Acceptable)	e .		
11382 PROSPERITY FARMS RD		83						
SUITE 124	•					00 7:- (	`ode	
PALM BU	H GARDENS FL 33410		84	City	F	85 Zip C	,008	
11. Pursuant	to the provisions of Sections 617:0502	2 and 617.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered	
office or	registered agent, or/beth, in the State	of Florida. Such change was auth	orized by	the corporation	ion's board of directors. I hereby accept the app	pointment as reg	jisterea	
agent. i a	am familiar with, and accept the obligat	1/ 1-1/1	o Glattica		4.1.4-	139G		
SIGNATURE	Signature, typed or printed name agen	and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating) DATE	<del>- 4 /</del>		
12.		D DIRECTORS	13.	· · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	HENLE, EDWARD		1.2 NAME		•			
STREET ADDRESS	AND MOOTH COPIN DENT		1.3 STREE	TADDRESS				
CITY-ST-ZIP	SINGER ISLAND FL		1.4 CITY-S	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	LOREN, WIGHT		2.2 NAME		·			
				TADORESS	!			
STREET ADDRESS	S GOOD TO COLLINE DATE		2.4 CITY-	1				
CITY-ST-ZIP	SINGER ISLAND FL	□ DELETE &	3.1 TITLE			☐ Change	Addition	
	I 17		3.2 NAME					
NAME	GIACOMINI, JOHN   3930 NORTH OCEAN DRIVE		1	TADDRESS				
STREET ADDRESS			ı	1			•	
CITY-ST-ZIP	SINGER ISLAND FL	☐ DELETE	3.4. CITY-1 4.1 TITLE	31-41		☐ Change	Addition	
TITLE			4. 2 NAME			.— •		
NAME			1	TADDRESS				
STREET ADDRESS	<b>5</b>				;			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE	51-419		Change	Addition	
TITLE	- 4	☐ DEFEIC	5.1 IIILE 5.2 NAME					
NAME		•		T ADDRESS				
STREET ADDRESS	8		5.4 CITY-S					
CITY-ST-ZIP		□ DCICTC	6.1 TITLE	21-48		☐ Change	Addition	
TITLE		☐ DELETE	1		: · ·			
NAME	ļ		6.2 NAME					
STREET ADDRESS			•	TADDRESS				
CITY-ST-7IP	1		6.4 CITY-5	ST-ZIP				

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 or an attachment with an address, with all other like empowered.

**SIGNATURE:**