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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

747041

(2)

BRIAN COURT CONDOMINIUM ASSOCIATION, INC.										
Principal Place of Business Mailing Address						1 (481% 1880) BIEN (881) 681/1 818/	/) 10 01 01011 01011 0	1911 81811		
CORAL CONDO MGMT., INC. 4821 CORONADO PKWY CAPE CORAL FL 33904 US		CORAL CONDO MGMT INC 4821 CORONADO PKWY. CAPE CORAL FL 33904 US		3	Date Incorporated or Qualified	3a. Date	of Last I	Report		
					05/03/1979	U4	/10/1	995		
2. Principal Pla	nce of Business	2a. Mailing Address			1 4	1. FEI Number 59-2097489			Applied For	
21		26 P.D. BOX 1282				3872087408			Not Applicable	
Suite, Apt. #, etc.				5. Certifica		5. Certificate of Status Desired	;	•	Additional Required	
22		City & State				A Charles On the Charles				
City & State		28 CAPE CORAL, FL				6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip							or intangible tax under s. 199.032,			
24	25 29 <i>3.3910-1282</i> 30			Florida Statutes 10. Name and Address of Ne			Yes No			
	9. Name and Address of Current	Registered Agent		1 Name		U. Name and Address of New Y	redistaten wa			
WASSBERG, CURTIS M. 4821 CORONADO PARKWAY			6	2 Street	: Address (I	P.O. Box Number is Not Acceptat	(ek			
CAPE CORAL FL 33904			8	3						
			8	4 City			FL	85 Zip	Code	
or register familiar wit SIGNATURE	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida th, and accept the obligations of, Section Standard, by the section of the sec	n. Such change was authorize n 617.0503, Florida Statutes.	d by the co	rporation's	s board of	directors. I hereby accept the app	DATE	jisterəd	agent. I am	
12. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OF	FICERS AND D	RECTO	FIS IN 12	
TITLE	PD	DELETE	1.1 TITL		TD		_	Change	Addition	
NAME	DILELLA, CHRIS		1.2 NAM	E	CHR	RISMAN, ROGER			·	
STREET ADDRESS	4629 SE 5TH PLACE #14		1.3 STR	E1 ADDRESS	462	8 SE GTHAVE,	# B			
CITY - ST - ZIP	CAPE CORAL, FL 00000		1.4 CITY	- ST- ZIP	CAP	E CORAL, FL 3	33904			
THTLE	VPD	DELETE	2.1 TITL	2.1 TITLE				Change	Addition	
NAME	FUCCI, DOMINIC		2.2 NAN	E	FREM	VCH, P. KAY	-400.4	_		
STREET ADDRESS	4629 SE 5TH PLACE #12		2.3 STR	ET ADDRESS	173	19 SE 39 Th 1	ERRAC.	E		
CITY-ST-ZIP	CAPE CORAL, FL 00000		2. 4 CIT	/-ST-ZIP	CAP	E CORAL, FL	33404	<u> </u>		
TITLE	STD	DELETE	3.1 TITL	3.1 TITLE				Change	☐ Addition	
NAME	LOWE, SHERRY		3 2 NAN	32 NAME						
STREET ADDRESS	4629 SE 5TH PLACE #13		33 STR	3 3 STREET ADDRESS						
CITY-ST-2IP	CAPE CORAL FL			Y-ST-ZIP	SD		- 63	0	<u> </u>	
TITLE	D	DELETE		4.1 TITLE			- 1	Change	Addition	
NAME	WAMBOLD, THELMA			4. 2 NAME		UBOLD, THELMA	l.			
STREET ADDRESS	4624 SE 6TH AVENUE #1-K			4.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL	Porter		-ST-ZIP	+			Change	Addition	
TITLE		DELETE	1	5.1 TITLE			L	ouguțe	LI Addition	
NAME				5.2 NAME						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP		DELETE		r-ST-ZIP	 		<u>F</u>	Change	Addition	
TITLE		[] NECCIE	61 TITE		1		Ц	- na-iţic		
NAME			62 NA	ie Eet address	.					
STREET ADDRESS			0.3 511	FF1 WADDE22	'					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Bock 13 if changed, or on an attachment with an appears.

SIGNATURE.

SIGNATURE:

4-25-96 Date

CR2E037 (12/95)