

FILE NOW: FILING FEE IS \$61.25

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**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747041 (2)
1. Corporation Name
BRIAN COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CORAL CONDO MGMT., INC. 4821 CORONADO PKWY CAPE CORAL FL 33904 US	Mailing Address P.O. BOX 1282 CAPE CORAL FL 33910-1282 US
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3. Date Incorporated or Qualified 05/03/1979	Applied For Not Applicable
4. FEI Number 59-2097489	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	30. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WASSBERG, CURTIS M.
4821 CORONADO PARKWAY
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DILELLA, CHRIS	
STREET ADDRESS	4829 SE 5TH PLACE #14	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FUCCI, DOMINIC	
STREET ADDRESS	4829 SE 5TH PLACE #12	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHRISMAN, ROGER	
STREET ADDRESS	4828 SE 8TH AVE, #B	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WAMBOLD, THELMA	
STREET ADDRESS	4824 SE 8TH AVENUE #1-K	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAY, FRENCH P	
STREET ADDRESS	1739 SE 39TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
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 checked="" type="checkbox"/> Addition
2.2 NAME	VPD HADLEY, SHIRLEY
2.3 STREET ADDRESS	4628 SE 6th Ave, Unit #D
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	D MOTT, JEAN
5.3 STREET ADDRESS	5303 COBALT COURT
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 on an attachment with an address.

SIGNATURE _____ DATE **3-27-98** (201) 415-0228

CP2E037 (10/97)