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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747041

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/03/1979

4. FEI Number

59-2097489

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

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 Curtis Wassberg 82 Street Address (P.O. Box Number is Not Acceptable) 1303 SE 34th Terrace 83 84 City Cape Coral FL 85 Zip Code 33904

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-15-99

12. OFFICERS AND DIRECTORS

TITLE PD NAME DILELLA, CHRIS STREET ADDRESS 4629 SE 5TH PLACE #14 CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE VPD NAME HADLEY, SHIRLEY STREET ADDRESS 4628 SE 6TH AVE, UNIT D CITY-ST-ZIP CAPE CORAL, FL 00000 33904

TITLE TD NAME CHRISMAN, ROGER STREET ADDRESS 4628 SE 6TH AVE, #B CITY-ST-ZIP CAPE CORAL FL

TITLE SD NAME WAMBOLD, THELMA STREET ADDRESS 4624 SE 6TH AVENUE #1-K CITY-ST-ZIP CAPE CORAL FL

TITLE D NAME MOTT, JEAN STREET ADDRESS 5303 COBALT COURT CITY-ST-ZIP CAPE CORAL FL 33904

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

1/15/99 (941) 542 2879

CR2E037 (11/98)