

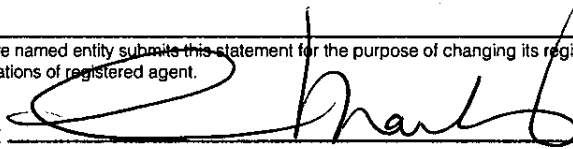



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90009 036 ****61.25

DOCUMENT # N00000005301					
1. Entity Name CORONA DEL MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 33 COMANS AVE SAINT AUGUSTINE, FL 32084 US		Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32084		<p style="text-align: right; font-size: 24pt;">54018215</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01302004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3673006	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAY MANAGEMENT SERVICE INC 5455 A1A S ST AUGUSTINE, FL 32080			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PACE, WILLIAM		NAME	Doris Pace Sec.	
STREET ADDRESS	33 COMANS AVE #301		STREET ADDRESS	33 Comares Street # 201	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RANDALL, DOUG		NAME	Brenda Neilon Treas	
STREET ADDRESS	33 COMANS AVE #303		STREET ADDRESS	33 Comares Street # 103	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine FL 32080	
TITLE	D Pres.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALGOOD, HOWARD		NAME		
STREET ADDRESS	33 COMANS AVE #101		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				3/9/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	