


FILE NOW: FILING FEE IS \$61.25

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Jul 22 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 # **N25707** (3)
Corporation Name
CORAL SUN TOWNHOMES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business C/O UNITED COMMUNITY MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US	Mailing Address C/O UNITED COMM MGT CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065 US
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3. Date Incorporated or Qualified 04/01/1988
4. FEI Number 65-0075842
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 checked="" 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 checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent UNITED COMMUNITY MGMT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065
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10. Name and Address of New Registered Agent 81 Name Consolidated Community Mgt 82 Street Address (P.O. Box Number is Not Acceptable) 7686 WILES Road 83 Coral Springs 84 City FL 85 Zip Code 33067

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]* - Pres 6/25/98
Signature typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME VINCETT, TOM	
STREET ADDRESS 4919 RIVERSIDE DR	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME WIKBERG, TERRANCE	
STREET ADDRESS 4939 RIVERSIDE DR	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ADRIANCE, RITA	
STREET ADDRESS 4959 RIVERSIDE DR	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BIONDO, YVONNE	
STREET ADDRESS 4935 RIVERSIDE DR	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BLACK, JESSICA	
STREET ADDRESS 5001 RIVERSIDE DR	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SENELLO, JAMES	
STREET ADDRESS 4917 RIVESIDE DR	
CITY-ST-ZIP CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President - P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Stephanie B. Wrobel	
1.3 STREET ADDRESS 4941 Riverside Dr.	
1.4 CITY-ST-ZIP Coral Springs, FL 33067	
2.1 TITLE Vice President & Secretary V/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Cheryl Shea	
2.3 STREET ADDRESS 4941 Riverside Dr.	
2.4 CITY-ST-ZIP Coral Springs, FL 33067	
3.1 TITLE Director - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Angelo DiFranco	
3.3 STREET ADDRESS 4957 Riverside Dr.	
3.4 CITY-ST-ZIP Coral Springs, FL 33067	
4.1 TITLE TREASURER - T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME YVONNE E. BIONDO	
4.3 STREET ADDRESS 4937 RIVERSIDE DRIVE	
4.4 CITY-ST-ZIP CORAL SPRINGS FL 33067	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 *[Signature]* President 6.2.98 961 791 0141
Stephanie B. Wrobel

CR2E037 (10/97)