2004 NOT-FOR-PROFIT CORPORATION

Apr 23, 2004 8:00 am Secretary of State ANNUAL REPORT 04-23-2004 90188 043 ****61.25 DOCUMENT # N31551 CORAL POINTE AT HARBOURSIDE OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 14006358 CONDOMINIUM ASSOCIATES CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR #260 3001 EXECUTIVE DR #260 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01292004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2953582 Applied For City & State City & State Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR **SUITE 260** CLEARWATER, FL 33762 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Make check payable to \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE ☐ Addition TITLE ☐ Delete BLAVNE, GERALD NAME NAME 8020 SAILBOAT KEY BLVD #204 STREET ADDRESS STREET ADDRESS SO PASADENA, FL 33707 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE Frank Piraneo 8021 Sailboat Key Blod. YATES ISAAC NAME 8000 SAILBOAT KEY BLVD.,#C301 STREET ADDRESS STREET ADDRESS So Pasadena, FL 33707 SO. PASADENA, FL 33707 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete PD ☐ Addition TITLE TITLE FIGIEL, LEN NAME ~ NAME 8041 SAILBOAT KEY BLVD #301 STREET ADDRESS STREET ADDRESS SO PASADENA, FL 33707 CITY-ST-ZIP CITY-SY-ZIP Addition TITLE ☐ Change TITLE ___ Delete WALMSLEY, CAROL NAME NAME 7569 HORSESHOE BAY RS\D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EGG HARBOR, WI 54209 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE D Melvin Sorem NAME goal Sailboot Key Blod NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

4-15-04

Daytime Phone #

FILED