


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 031 ****61.25

DOCUMENT # N96000001582	
1. Entity Name CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTIC, INC.	

Principal Place of Business 1177 NORTH HWY A1A #402 INDIALANTIC, FL 32903	Mailing Address 1617 COLLING AVE MELBOURNE, FL 32935
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50005770



2. Principal Place of Business Space Coast Property Management Suite, Apt. #, etc. 645 Classic Ct Suite 104	3. Mailing Address Space Coast Property Management Suite, Apt. #, etc. 645 Classic Ct Suite 104
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03012006 Chg-NP CR2E037 (11/05)

City & State Melbourne FL	City & State Melbourne FL
Zip 32940	Zip FL 32940

4. FEI Number 59-3101672	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 1617 COLLING AVE MELBOURNE, FL 32935	
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7. Name and Address of New Registered Agent Name Space Coast Property Management Street Address (P.O. Box Number is Not Acceptable) 645 Classic Ct Suite 104 City Melbourne FL Zip Code 32940	
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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 	MARK JACKSON	3/2/2006
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL AUDE, DICK 1177 N HWY A1A #303 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIFFOLD, OTTMAR 1177 N HWY A1A #501 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FREDERKING, ED 1177 N HWY A1A #301 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURPHY, TERRY 1177 NORTH A1A #501 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DONALD 1177 N HWY A1A #502 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNS福德, CHARLES 1177 N. HIGHWAY ATA #503 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TONY BARTOLINI 1177 NORTH HWY A1A #301 INDIALANTIC FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	EDWARD FREDERICK	3-15-06	321.956.8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	DAYTIME PHONE #