

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001582

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTIC, INC.

**Current Principal Place of Business:**

C/O SPACE COAST PROPERTY MGMT  
645 CLASSIC CT STE 104  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

645 CLASSIC CT  
STE 104  
MELBOURNE, FL 32940 US

**Current Mailing Address:**

C/O SPACE COAST PROPERTY MGMT  
645 CLASSIC CT STE 104  
MELBOURNE, FL 32940 US

**New Mailing Address:**

645 CLASSIC CT  
STE 104  
MELBOURNE, FL 32940 US

**FEI Number:** 59-3101672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPACE COAST PROPERTY MANAGEMENT  
645 CLASSIC CT  
STE 104  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

SPACE COAST PROPERTY MANAGEMENT OF BREVARD  
645 CLASSIC CT  
STE 104  
MELBOURNE, FL 32940 US

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.

SIGNATURE: KEVIN MARRS

04/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DELAUDER, DICK  
Address: 1177 N HWY A1A #303  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: TREA  
Name: MELTER, THOMAS  
Address: 1177 N HWY A1A #401  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: D  
Name: DIPPOLD, LINDA  
Address: 1177 N HWY A1A #501  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VP  
Name: BARTOLINI, TONY  
Address: 1177 N HWY A1A 201  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: SEC  
Name: DUNSFORD, CHARLES  
Address: 1177 N. HIGHWAY ATA #503  
City-St-Zip: INDIALANTIC, FL 32903 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM MELTER

TREA

04/19/2010

Electronic Signature of Signing Officer or Director

Date