


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003360 (1)**  
1. Corporation Name  
**CORAL COVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445</b>		Mailing Address <b>1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445</b>		3. Date Incorporated or Qualified <b>06/11/1997</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country	

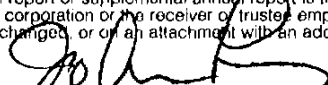
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>D'ADDARIO, MERLE 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>D'ADDARIO, MERLE</b>		1.2 NAME				
STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE SUITE 200</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>		1.4 CITY-ST-ZIP				
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VDST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEVY, JOANN</b>		2.2 NAME	<b>LEVY, JOANN</b>			
STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE SUITE 200</b>		2.3 STREET ADDRESS	<b>SAME</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>		2.4 CITY-ST-ZIP				
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>COULSON, SABRINA</b>		3.2 NAME	<b>RUSKIN, JERRY</b>			
STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE SUITE 200</b>		3.3 STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE SUITE #200</b>			
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>		3.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>AT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME	<b>PIVINSKI, JOSEPH</b>			
STREET ADDRESS			4.3 STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE SUITE #200</b>			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	<b>LEVY, R.D.</b>			
STREET ADDRESS			5.3 STREET ADDRESS	<b>1690 SOUTH CONGRESS AVENUE SUITE #200</b>			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME	<b>000002554530</b>			
STREET ADDRESS			6.3 STREET ADDRESS	<b>-06/10/98-01042-025</b>			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>***61.25</b>			

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:  **JOANN LEVY, VDST 04/06/98 (561)274-2000**

CR2037 (10/97)