

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771081 (7)
1. Corporation Name
CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O KRISTY HALL C/O KRISTY HALL
4616 SE 6TH AVE., STE. 202 4616 SE 6TH AVE., STE. 202
CAPE CORAL FL 33904 CAPE CORAL FL 33904

3. Date Incorporated or Qualified 11/03/1983 3a. Date of Last Report 09/19/1995
4. FEI Number 59-2529504 Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HALL, KRISTY
4616 SE 6TH AVE.
STE. 202
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | OBUCH, JOANNE | |
| STREET ADDRESS | 4616 SE 6TH AVE., STE. 102 | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PINKVOSS, RICHARD B. | |
| STREET ADDRESS | 4616 SE 6TH AVENUE | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | TRM | <input type="checkbox"/> DELETE |
| NAME | HALL, KRISTY | |
| STREET ADDRESS | 4616 SE 6TH AVENUE | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | JONES, ELEANOR | |
| STREET ADDRESS | 4616 SE 6TH AVENUE | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | JP KRISTY HALL |
| 3.3 STREET ADDRESS | 4616 SE 6TH AVE |
| 3.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | M JANE KING |
| 5.3 STREET ADDRESS | 4616 SE 6TH AVE |
| 5.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kristy Hall Kristy Hall

3/8/96 (941) 540 7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)