

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771081** (7)
1. Corporation Name
CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O ERICKSON, TORY 4616 SE 6TH AVE, #102 CAPE CORAL FL 33904 US	Mailing Address 4616 SE 6TH AVE #102 CAPE CORAL FL 33904 US
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3. Date Incorporated or Qualified 11/03/1983	
4. FEI Number 59-2529504	Applied For <input type="checkbox"/> Not Applicable

2. Principal Office of Business 21 615 Cape Coral Pkwy W #102 Suite, Apt. #, etc. #102 City & State Cape Coral, FL Zip 33914 Country USA	2a. Century 21 SUNBELT REALTY 26 615 Cape Coral Pkwy W. #102 Suite, Apt. #, etc. #102 City & State Cape Coral, FL Zip 33914 Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent ERICKSON, TORY 4616 SE 6TH AVE STE 102 CAPE CORAL FL 33904	
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10. Name and Address of New Registered Agent	
81 Name AUGUST ZUNINO	
82 Street Address (P.O. Box Number is Not Acceptable) 615 Cape Coral Pkwy. W. #102	
83	
84 City Cape Coral	85 Zip Code FL 33914

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 relating) DATE **5-27-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TRSD ERICKSON, TORY
STREET ADDRESS	4616 SE 6TH AVE., STE. 102
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD MACLEAN, JAMES
STREET ADDRESS	4616 SE 6TH AVE #201
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPO MUELLER, DENISE
STREET ADDRESS	4616 SE 6TH AVE STE 104
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	M KING, JANE
STREET ADDRESS	4616 SW 6TH AVE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KING, JANE
4.3 STREET ADDRESS	4616 SW 6TH AVE, #103
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 _____ 4-2398(941) 542-5169

CR2E037 (10/97)