

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006471

**FILED**  
**May 26, 2019**  
**Secretary of State**  
**8163514737CC**

**Entity Name:** THE CORAL RESTORATION FOUNDATION INC

**Current Principal Place of Business:**

89111 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

**Current Mailing Address:**

89111 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 US

**FEI Number:** 65-1054647

**Certificate of Status Desired:** Yes

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

ALEXANDER, JULIE ANN  
89111 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070 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:** JULIE ALEXANDER

05/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name SPLITT, DAVID  
Address 1535 FRONTIER DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name MILLER, STEVEN DR  
Address 62 SUNSET RD  
City-State-Zip: KEY LARGO FL 33037

Title SECRETARY  
Name GROSS, PATTI  
Address 140 STROMBOLI DRIVE  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name BOILINI, JAMES  
Address 544 SOUND DRIVE  
City-State-Zip: KEY LARGO FL 33037

Title CEO  
Name WINTERS, SCOTT  
Address 6441 BARRACUDA LANE  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name FRINK, STEPHEN  
Address 100750 OVERSEAS HIGHWAY  
City-State-Zip: KEY LARGO FL 33037

Title CHAIRMAN  
Name WING, DAVID  
Address 9722 MOREL COURT  
City-State-Zip: INDIANAPOLIS IN 46256

Title ACCOUNTING MANAGER, AGENT  
Name JULIE, ALEXANDER ANN  
Address 89111 OVERSEAS HIGHWAY  
City-State-Zip: TAVERNIER FL 33070

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*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:** JULIE ALEXANDER

ACCOUNTING MANAGER, 05/26/2019  
AGENT

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DECKER, CRAIG H  
Address 16 SAINT IVES DRIVE  
City-State-Zip: SEVERNA PARK MD 21146

Title DIRECTOR  
Name SIMON, SASCHA  
Address 43 RIDGEFIELD RD  
City-State-Zip: WARWICK NY 10990

Title DIRECTOR  
Name ALTHUIS, ROBERT  
Address 5966 S. DIXIE HWY, SUITE 300  
City-State-Zip: SOUTH MIAMI FL 33143