

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006471

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC6595336184**

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

**Current Principal Place of Business:**

5 SEAGATE BLVD  
KEY LARGO, FL 33037

**Current Mailing Address:**

5 SEAGATE BLVD.  
KEY LARGO, FL 33037 US

**FEI Number: 65-1054647**

**Certificate of Status Desired: Yes**

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

ALEXANDER, JULIE ANN  
5 SEAGATE BLVD  
KEY LARGO, FL 33037 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

03/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           NEDIMYER, KENNETH  
Address        212 SILVER PALM AVE  
City-State-Zip: TAVERNIER FL 33070

Title           SECRETARY  
Name           SPLITT, DAVID  
Address        6111 UTAH AVE, NW  
City-State-Zip: WASHINGTON DC 20015

Title           DIRECTOR  
Name           SPECTOR, ADAM  
Address        855 FOLSOM ST  
City-State-Zip: SAN FRANCISCO CA 94107

Title           DIRECTOR  
Name           TURNER, JEFF  
Address        4801 JOHNSON RD, SUITE 10  
City-State-Zip: COCONUT CREEK FL 33073

Title           DIRECTOR  
Name           MILLER, STEVEN DR  
Address        8000 N. OCEAN DRIVE  
City-State-Zip: DANIA FL 33004

Title           DIRECTOR  
Name           GAINES, KEVIN  
Address        3823 E. COQUINA WAY  
City-State-Zip: WESTON FL 33330

Title           DIRECTOR  
Name           SLATE, AMY  
Address        10450 OVERSEAW HWY  
City-State-Zip: KEY LARGO FL 33037

Title           DIRECTOR  
Name           MCKNIGHT, MARGO  
Address        701 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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**   03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name ZIMMER, MICHAEL  
Address 6000 SW 80TH STREET  
City-State-Zip: MIAMI FL 33143

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

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

Title DIRECTOR  
Name IBARGÜEN, NICOLAS  
Address 1411 SW 23 ST  
City-State-Zip: MIAMI FL 33145

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

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

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

Title ACCOUNTING MANAGER CRF  
Name JULIE, ALEXANDER ANN  
Address 5 SEAGATE BLVD  
City-State-Zip: KEY LARGO FL 33037