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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724643 (2)
1. Corporation Name
CORAL CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business HERITAGE REALTY, INC. 4226 DEL PRADO BLVD CAPE CORAL FL 33904 US	Mailing Address HERITAGE REALTY, INC. 4226 DEL PRADO BLVD CAPE CORAL FL 33904-7168 US
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3. Date Incorporated or Qualified 10/25/1972	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1562384	Applied For <input type="checkbox"/> Not Applicable
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
25. Country	30. Country

9. Name and Address of Current Registered Agent
**PIERCE, ILAMARIE
4226 DEL PRADO BLVD
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. City
84. State 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 617.0508, Florida Statutes.

SIGNATURE **ILAMARIE PIERCE (MANAGER)** *Ilamarie Pierce* **1/10/97**
Signature typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MCCOOL, IRENE	
STREET ADDRESS	5122 YORK CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TSD	<input type="checkbox"/>
NAME	MCCOOL, ROBERT	
STREET ADDRESS	5122 YORK CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/>
NAME	IRVIN, JAMES	
STREET ADDRESS	3027 SE 5TH CT.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MCCOOL, ROBERT		
2.3 STREET ADDRESS	5122 YORK CT.		
2.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904		
3.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	IRVIN, JAMES		
3.3 STREET ADDRESS	3027 SE 5th CT.		
3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33904		
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	SCHULZ, JOAN		
4.3 STREET ADDRESS	1623 SE 14th ST.		
4.4 CITY-ST-ZIP	CAPE CORAL, FL. 33990		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 *James M. Irvin*

CR2E037 (9/96)