


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 US
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3. Date Incorporated or Qualified <b>10/25/1972</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1562384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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  
 84 City  
 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 ILAMARIE PIERCE (MANAGER) *Ilamarie Pierce* **1/7/98**  
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	PD	<input type="checkbox"/> DELETE
NAME	MCCOOL, IRENE	
STREET ADDRESS	5122 YORK CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCCOOL, ROBERT	
STREET ADDRESS	5122 TORK CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	IRVIN, JAMES	
STREET ADDRESS	3027 SE 5TH CT.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCCHULZ, JOAN	
STREET ADDRESS	1623 SE 14TH ST	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McCCool, Irene	
1.3 STREET ADDRESS	5122 York Ct.	
1.4 CITY-ST-ZIP	Cape Coral, Fl. 33904	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: JAMES IRVIN **1/7/98** 941-574-8338

CR2E037 (10/97)