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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 724643

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/25/1972

22 City & State

27 City & State

4. FEI Number 59-1562384

Applied For Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25

29 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 617.0503, Florida Statutes.

SIGNATURE ILAMARIE PIERCE (MANAGER)

2/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETED NAME IRVIN, JAMES STREET ADDRESS 3027 SE 5TH CT CITY-ST-ZIP CAPE CORAL FL 33904

1.1 TITLE PD Eduardo J. De Faria Change Addition 1.2 NAME Eduardo J. De Faria 1.3 STREET ADDRESS 606 SE 6th St. #D 1.4 CITY-ST-ZIP Cape Coral, Fl. 33990

TITLE VPD DELETED NAME MCCOOL, IRENE STREET ADDRESS 5122 TORK CT CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE STD Change Addition 2.2 NAME Colleen A. Schulz 2.3 STREET ADDRESS 606 SE 6th St. #G 2.4 CITY-ST-ZIP Cape Coral, Fl. 33990

TITLE VPD IRVIN, JAMES STREET ADDRESS 3027 SE 5TH CT. CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE STD DELETED NAME SCCHULZ, JOAN STREET ADDRESS 1623 SE 14TH ST CITY-ST-ZIP CAPE CORAL FL 33990

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE IRVIN, JAMES STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE IRVIN, JAMES STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 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, with all other like empowered.

SIGNATURE: JAMES IRVIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

941-542-8712

Date

Daytime Phone #

CR2E037 (11/98)