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Mar 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739414 (1)
1. Corporation Name
CORAL DEL RIO II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4104 S.E. 18TH AVENUE
CAPE CORAL FL 33904

Mailing Address

1219 CAPE CORAL PKWY.
CAPE CORAL FL 33904-9604
US



3. Date Incorporated or Qualified
06/16/1977

3a. Date of Last Report
04/12/1996

4. FEI Number
59-1743368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

COTTRELL, JAMES L
1633 SE 47TH TERRACE
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

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

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 SD ☐ DELETE
NAME BRETZ, ELLEN
STREET ADDRESS 1807 SE 41ST ST 1E
CITY-ST-ZIP CAPE CORAL FL

TITLE TS ☐ DELETE
NAME TOWNSHEND, CAROLYN
STREET ADDRESS 4104 SE 18TH AVE
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE D ☐ DELETE
NAME O'BRIEN, EUGENE
STREET ADDRESS 4104 SE 18TH AVE
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE V ☐ DELETE
NAME SCHAEFFER, ALLAN
STREET ADDRESS 1731 SE 41 STR
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE DP ☐ DELETE
NAME BROWN W.J.
STREET ADDRESS 1807 SE 41ST ST. 2E
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D/VP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D/P ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Caroleyn Townshend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

Daytime Phone # 0055016

CP2E037 (9/96)