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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 739414

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

% ERA-HERITAGE REALTY, INC.
4226 DEL PRADO BLVD.
CAPE CORAL FL 33904
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/16/1977

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

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

Ilamarie Pierce

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

% ERA-Heritage Realty, Inc.

83

4226 Del Prado Blvd.

84 City

Cape Coral,

FL

85 Zip Code

Lee

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)

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

(NOTE: Registered Agent signature required when reinstating)

1/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME SNOW, MARTIN

STREET ADDRESS 1807 SE 41ST ST, #1-I

CITY-ST-ZIP CAPE CORAL FL

TITLE TS ☐ DELETE

NAME TOWNSEND, CAROLYN

STREET ADDRESS 4104 SE 18TH AVE

CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE DVP ☐ DELETE

NAME O'BRIEN, EUGENE

STREET ADDRESS 4104 SE 18TH AVE

CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE DP ☐ DELETE

NAME SCHAEFFER, ALLAN

STREET ADDRESS 1731 SE 41 STR

CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE D ☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Robert Reid

4104 SE 18th Ave. #2-C

Cape Coral, Fl. 33904

PD

Eugene O'Brien

4104 SE 18th Ave. #1-C

Cape Coral, Fl. 33904

VPD

Allan Schaeffer

1731 SE 41st St.

Cape Coral, Fl. 33904

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:

EUGENE O'BRIEN

Eugene O'Brien

1/28/99

941-542-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)