

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90127 031 ****61.25

DOCUMENT # 739414

1. Entity 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

94084020



04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1743368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PIERCE, LLAMARIE
4226 DEL PRADO BLVD
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT 1732 SE 40TH TERR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TOWNSHEND, CAROLYN 4104 SE 18TH AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'BRIEN, EUGENE 4104 SE 18TH AVE CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROMETER, AUGUST 4104 SE 18TH AVENUE # 1D CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES 1807 SE 40TH TERR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #