


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90080 018 \*\*\*\*61.25

<b>DOCUMENT # 740162</b>	
1. Entity Name <b>CORAL WINDS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1011 SE 40 ST. CAPE CORAL FL 33904</b>	Mailing Address <b>P.O. BOX 101448 CAPE CORAL FL 33910</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>1011 SE 40<sup>TH</sup> ST. # A</b> Suite, Apt. #, etc.
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City & State <b>Cape Coral FL</b>	City & State <b>Cape Coral FL</b>
Zip <b>33904</b>	Country <b>Lee</b>

	
1st MOORE	CR2E037 (10/04)
4. FEI Number <b>65-0979031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WASSBERG, CURTIS 1303 S.E. 34TH TERRACE CAPE CORAL FL 33904</b>	7. Name and Address of New Registered Agent Name <b>C. Robert Conley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1011 SE 40<sup>TH</sup> Street # A</b> City <b>Cape Coral</b> FL Zip Code <b>33904</b>
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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 Charles R. Conley (NOTE: Registered Agent signature required when reinstating) DATE 4-25-05

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAUCH, HELGA 1011 SE 40 STREET # E CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONLEY, ROBERT 1011 SE 40 STREET #A CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KALINOSKI, JAMES 1011 SE 40 ST., #C CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles R. Conley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4-25-05 Daytime Phone #