

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 740689 (5)  
1. Corporation Name  
CORAL SHORES EAST HOMEOWNERS ASSOCIATION, INC.Principal Place of Business  
P O BOX 7243  
BRADENTON FL 34210  
Mailing Address  
P O BOX 7243  
BRADENTON FL 34210-03433. Date Incorporated or Qualified 11/02/1977  
3a. Date of Last Report 03/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2052663		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		25 Country		29 Country		30 Country	

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

OSTIGUY, LEO E  
4616 CORAL LAKE DR  
BRADENTON FL 34210

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKERNAN, BOB	1.2 NAME	
STREET ADDRESS	5003 MANGRIVE POINT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAPF, GEORGE	2.2 NAME	D KRAMSS, RICHARD
STREET ADDRESS	4908 MANGROVE POINT ROAD	2.3 STREET ADDRESS	4707 MANGROVE POINT ROAD
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON FL 34210
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGIN, CONNIE	3.2 NAME	
STREET ADDRESS	4812 MANGROVE POINT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTIGUY, LEO E.	4.2 NAME	
STREET ADDRESS	4616 CORAL LAKE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPION, LANDHIER	5.2 NAME	D YOPP, CECELIA
STREET ADDRESS	22 MAGELLAN DR, PO BOX 3213	5.3 STREET ADDRESS	4512 MANGROVE POINT ROAD
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	BRADENTON FL 34210
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY, MICHAEL	6.2 NAME	VD
STREET ADDRESS	4503 MANGROVE PT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 941792-2772

CR2E037 (9/96)