

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 APR -3 PM 5:55**

**DOCUMENT # 746156 (9)**  
1. Corporation Name  
**CORAL REEF CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4017 S.E. 19TH PLACE 4017 S.E. 19TH PLACE**  
**CAPE CORAL FL 33904 CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1979** 3a. Date of Last Report **04/01/1994**  
4. FBI Number **59-2255259** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**HEISLER, DONALD A.**  
**4023 SE 19TH PLACE #108**  
**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
D BOSWORTH, ROGER 4023 SE 19TH PL CAPE CORAL FL  
SD GIORDANO, FRANK 4021 SE 19TH PL CAPE CORAL FL  
TD SCHLOSSER, HELEN 3313 SE 1ST STREET CAPE CORAL, FL 00000  
VD SCHUMACHER, HARRY 4025 SE 19TH PL CAPE CORAL FL  
PD HEISLER, DONALD 4023 SE 19TH PL CAPE CORAL FL

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 **S/T/D**  Change  Addition  
2.2 NAME **SAME**  
2.3 STREET ADDRESS **SAME**  
2.4 CITY - ST - ZIP **SAME**  
3.1 TITLE **D**  Change  Addition  
3.2 NAME **HARBORN, MARY**  
3.3 STREET ADDRESS **4013 SE 19TH PL**  
3.4 CITY - ST - ZIP **CAPE CORAL, FL 33904**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FRANK GIORDANO** *Frank Giordano* **27 MAR 95** **540-0186**  
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date (Month/Year)