


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746156 (9)**  
 1. Corporation Name  
**CORAL REEF CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4017 S.E. 19TH PLACE CAPE CORAL FL 33904</b>	Mailing Address <b>4017 S.E. 19TH PLACE CAPE CORAL FL 33904-9073</b>
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3. Date Incorporated or Qualified <b>03/07/1979</b>	3a. Date of Last Report <b>03/14/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2255259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GIORDANO, FRANK  
 4021 SE 19TH PLACE  
 UNIT 205  
 CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent  
 81 Name **Don Heisler**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4021 SE 19th Pl # 206**  
 83  
 84 City **Cape Coral** FL 85 Zip Code **33904**

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 *Don Heisler* **Don Heisler (President)** DATE **4/1/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BOSWORTH, ROGER</b>
STREET ADDRESS	<b>4023 SE 19TH PL</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GIORDANO, FRANK</b>
STREET ADDRESS	<b>4021 SE 19TH PL</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARBORN, MARY</b>
STREET ADDRESS	<b>4013 SE 19TH PL</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SCHUMACHER, HARRY</b>
STREET ADDRESS	<b>4025 SE 19TH PL</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HEISLER, DONALD</b>
STREET ADDRESS	<b>4023 SE 19TH PL</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>SD George Dimitroff</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>4023 SE 19th Pl # 108</b>
2.3 STREET ADDRESS	<b>Cape Coral Fl. 33904</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.  
*Don Heisler* **Don Heisler** **941-542**

CR2E037 (9/96)