

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 07 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified
 03/07/1979
 4. FEI Number Applied For
 59-2255259 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Coral Reef Condominiums 2a. 4017 S.E. 19th Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Cape Coral 28 Florida 33904
 Zip Country Zip Country
 24 LEE 29 30

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 HEISLER, DON
 4021 SE 19TH PLACE, #208
 CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
 81 Name Charles Briner
 82 Street Address (P.O. Box Number Is Not Acceptable)
 4017 S.E. 19th Place
 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 *Charles Briner* Date 8/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWORTH, ROGER	1.2 NAME	
STREET ADDRESS	4023 SE 19TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITROTT, GEORGE	2.2 NAME	
STREET ADDRESS	4023 SE 19TH PLACE, #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARBORN, MARY	3.2 NAME	
STREET ADDRESS	4013 SE 19TH PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, HARRY	4.2 NAME	
STREET ADDRESS	4025 SE 19TH PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISLER, DONALD	5.2 NAME	
STREET ADDRESS	4023 SE 19TH PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	CHARLES BRINER, PRES? <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4021 S.E. 19th Place	6.2 NAME	
STREET ADDRESS	Cape Coral, Florida	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Donald Heisler* Date 8-7-98 Daytime Phone # 447-1067

CR2E037 (5/98)