


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90045 001 \*\*\*\*61.25

0059707

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746156**

1. Corporation Name  
**CORAL REEF CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business CORAL REEF CONDOMINIUM CAPE CORAL FL 33904 US	Mailing Address 4017 S.E. 19TH PLACE CAPE CORAL FL 33904
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2255259
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRINER, CHARLES 4017 SE 19TH PLACE CAPE CORAL FL 33904		81 Name <del>HEISLER, DONALD</del> GIORDANO, FRANK	82 Street Address (P.O. Box Number is Not Acceptable) 4021 SE 19TH PLACE
		83 (4021)	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 Frank G. Giordano DATE 15 MAR 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	BOSWORTH, ROGER	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4023 SE 19TH PL	12 NAME	
STREET ADDRESS	CAPE CORAL FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE SD <input checked="" type="checkbox"/> DELETE	DIMITROFF, GEORGE	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
NAME	4023 SE 19TH PLACE, #108	22 NAME	DIMITROFF, GEORGE
STREET ADDRESS	CAPE CORAL FL	23 STREET ADDRESS	4023 SE 19TH PLACE #108
CITY-ST-ZIP		24 CITY-ST-ZIP	CAPE CORAL, FL
TITLE TD <input checked="" type="checkbox"/> DELETE	SCHUMACHER, HARRY	31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD
NAME	4025 SE 19TH PL	32 NAME	GIORDANO, FRANK
STREET ADDRESS	CAPE CORAL FL	33 STREET ADDRESS	4021 SE 19TH PLACE
CITY-ST-ZIP		34 CITY-ST-ZIP	CAPE CORAL, FL
TITLE P <input type="checkbox"/> DELETE	BRINER, CHARLES	41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME	4021 SE 19TH PLACE	42 NAME	BRINER, CHARLES
STREET ADDRESS	CAPE CORAL FL	43 STREET ADDRESS	4021 SE 19TH PLACE
CITY-ST-ZIP		44 CITY-ST-ZIP	CAPE CORAL, FL
TITLE <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P
NAME		52 NAME	HEISLER, DONALD
STREET ADDRESS		53 STREET ADDRESS	4023 SE 19TH PLACE
CITY-ST-ZIP		54 CITY-ST-ZIP	CAPE CORAL, FL
TITLE <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: Frank G. Giordano DATE 15 MAR 99 DAYTIME PHONE # 941-540-0186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (11/98)