

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90035 016 ****61.25

DOCUMENT # 746156

1. Entity 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 33904-8230**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
UNCHANGED

3. Mailing Address
UNCHANGED

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2255259

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GIORDANO, FRANK
 4021 SE 19TH PL
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
GEORGE DIMITROFF

Street Address (P.O. Box Number is Not Acceptable)
4023 SE 19th PL

City
CAPE CORAL FL Zip Code
33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

FRANK GIORDANO - TD

SIGNATURE *Frank Giordano* DATE **13 MARCH 00**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWORTH, ROGER 4023 SE 19TH PL CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMAING, CATHY 4025 SE 19th PL CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIMITROFF, GEORGE 4023 SE 19TH PLACE, #108 CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIORDANO, FRANK 4021 SE 19TH ST. CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINER, CHARLES 4021 SE 19TH PLACE CAPE CORAL FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEISLER, DONALD 4023 SE 19TH PL CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK GIORDANO** *Frank Giordano* DATE: **13 MAR 00** DAYTIME PHONE #: **941-540-0186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)