2002 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # **746156** 1. Entity Name 05-23-2002 90111 045 ****61.25 CORAL REEF CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 4017 S.E. 19TH PLACE CORAL REEF CONDOMINUM CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2255259 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DIMITROFF, GEORGE 4023 SE 19TH PL CAPE CORAL FL 33904 Zip Code 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be CONTROL FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. (9/01) ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME 200 BOSWORTH, ROGER STREET ADDRESS STREET ADDRESS 4023 SE 19TH PL CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Addition Change ☐ Delete TITLE TITLE SD NAME DIMITROFF, GEORGE NAME STREET ADDRESS 4023 SE 19TH PLACE, #108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change XXAddition Delete -TITLE NAME Beverly Briner SCHMAING, CATHY NAME STREET ADDRESS 4021 S.E. 19th Place. STREET ADDRESS 4025 SE 19TH PL CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition Change ☐ Delete TITLE TITLE NAME HEISLER, DONALD STREET ADDRESS STREET ADDRESS 4023 SE 19TH PL CITY-ST-ZIP CITY-ST-ZIP Cape Coral<u>fl</u> Change XX Addition TITLE Charles Briner ☐ Delete TITI F NAME 4021 S.E. 19th Place. #105 NAME STREET ADDRESS STREET ADDRESS Cape Coral, FL. 33904 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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changed, or on an atta