

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90016 028 ****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

50012023



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2255259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEISLER, DONALD
4017 S.E. 19TH PLACE, #204
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANERALI, BONNIE 4021 S.E. 19TH PLACE #106 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, HENRY 4023 S.E. 19TH PLACE #107 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEISLER, DONALD 4023 SE 19TH PL CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINER, BEVERLY 4021 SE 19 PL 105 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDIANO, CLARA 4025 S.E. 19TH PL. #109 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR Roger Bosworth P.O. Box 395 Waterman, Il. 60556

DO NOT WRITE IN THIS SPACE

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 209-542-2010

Date _____ Daytime Phone # _____