


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-09-2006 90160 022 ****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**



2. Principal Place of Business
 Sube, Apt. #, etc.

3. Mailing Address
 Sube, Apt. #, etc.

City & State
 Zip Country

01052006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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. I am familiar with, and accept the obligations of registered agent.

Donald Heisler President 949-542-2010 DHP
 SIGNATURE *Donald Heisler* DATE *1/6/06*

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

Filing Fee is \$81.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANERALI, BONNIE 4021 S.E. 19TH PLACE #106 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carl Stambouly 4023 SE 19th Pl #207 Cape coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, HENRY 4023 S.E. 19TH PLACE #107 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Penkszik 8049 Emigh Rd Lexington, MI 38340 <input type="checkbox"/> Change <input checked="" 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	DR BOSWORTH, ROGER PO BOX 385 WATERMAN, IL 60556 <input checked="" 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 CANDIANO, CLARA 4025 S.E. 19TH PL #109 CAPE CORAL, FL 33904 <input checked="" 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 exemptions contained in Chapter 119, 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.

Donald Heisler President 1/7/06

ATTACHMENT

6600 9405
746156

NOTE:

**THE HIGHLIGHTED SIGNATURE ON THE ATTACHED
FORM IS FOR THE CURRENT PRESIDENT OF THE
ASSOCIATION.**

THANK YOU,