2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED pr 06, 2007 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT #746156** 1. Entity Name CORAL REEF CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business **CORAL REEF CONDOMINUM** 4017 S.E. 19TH PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 CR2E037 (4/06) 01092007 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2255259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HEISLER, DONALD 4017 S.E. 19TH PLACE, #204 CAPE CORAL, FL 33904 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 (NOTE: Registered Agent signature required when reinstating) Signatura, typed or or end title if epplicable U000000694251 \$5.00 May Be 04/17/07-800009-024 61.25 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. MILE NAME PANERALI, BONNIE STREET ADDRESS 4021 S.E. 19TH PLACE #106 CITY-ST-7IP CAPE CORAL, FL 33904 D TITLE NAME **GELLER, HENRY** STREET ADDRESS 4023 S.E. 19TH PLACE #107 CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME HEISLER, DONALD STREET ADDRESS 4023 SE 19TH PL DO NOT WRITE CITY-ST-ZIP CAPE CORAL, FL IN THIS SPACE TITLE NAME STAMBOULY, CARL 4023 SE 19TH PL #207 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME PENKSZIK, JIM STREET ADDRESS 8049 EMIGH RD CITY-ST-ZIP LEXINGTON, MI 38340

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 othly like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Jack Thul