


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

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



02112008 No Chg-NP CR2E037 (4/06)

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

8. Name and Address of Current Registered Agent

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

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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: *Donald Heisler* (NOTE: Registered Agent signature required when reinstating)

DATE: *2/20/08*

Filing Fee is \$61.25 Due by May 1, 2008

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 STAMBOULY, CARL 4023 SE 19TH PL #207 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENKSZIK, JIM 8049 EMIGH RD LEXINGTON, MI 38340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000869094
 04/09/08-80034-013 61.25

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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.

SIGNATURE: *Donald Heisler* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: *2/20/08* (Date)

DAYTIME PHONE: _____ (Daytime Phone #)