


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91044 005 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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
**DIMITROFF, GEORGE
4023 SE 19TH PL
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent
Name **Donald Heisler**
Street Address (P.O. Box Number is Not Acceptable) **4017 S.E. 19th Place, #204**
City **Cape Coral**
City **FL** Zip Code **33904**

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* DATE **1/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSWORTH, ROGER	
STREET ADDRESS	4023 SE 19TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DIMITROFF, GEORGE	
STREET ADDRESS	4023 SE 19TH PLACE, #108	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEISLER, DONALD	
STREET ADDRESS	4023 SE 19TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINER, BEVERLY	
STREET ADDRESS	4021 SE 19 PL 105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINER, CHARLES	
STREET ADDRESS	4021 SE 19 PLACE 105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Panerali, Bonnie	
STREET ADDRESS	4021 S.E. 19th Place #106	
CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geller, Henry	
STREET ADDRESS	4023 S.E. 19th Place #107	
CITY-ST-ZIP	Cape Coral, FL. 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donald Heisler* **1/26/03 229-542-2010**

CR2E037 (10/02)