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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750747 (8)  
1. Corporation Name  
CORAL TIDES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
580 BRINY AVE. 580 BRINY AVE.  
POMPANO BEACH FL 33062-5808 POMPANO BEACH FL 33062-5808

3. Date Incorporated or Qualified 01/24/1980 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2159036	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, JOSEPH P.  
1330 SE 3RD TERRACE  
POMPANO BCH. FL 33060

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	REILLY, JOSEPH	
STREET ADDRESS	1330 SE 3RD TERRACE	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILIP, LESLIE	
STREET ADDRESS	4757 A-QUAILWOOD CRESCEN	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VASKO, MICHAEL	
STREET ADDRESS	6495 SUN PONTE DR	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, BONNIE	
STREET ADDRESS	1400 NE 24TH ST	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KUNTZA, JOHN	
STREET ADDRESS	3450 MELROSE AVE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CADIGAN, DANIEL	
STREET ADDRESS	3400 BEACON ST.	
CITY - ST - ZIP	POMPANO BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D CHARLES WEBER
2.3 STREET ADDRESS	2400 S.W. 44TH TERR.
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S ANTHONY GLOMSKI
3.3 STREET ADDRESS	3246 N.W. 47TH AVE.
3.4 CITY - ST - ZIP	COCONUT CREEK, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D VIVIANNE VLASATY
6.3 STREET ADDRESS	1475 N.W. 67TH AVE.
6.4 CITY - ST - ZIP	MARSHALL, FL.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph P. Reilly* QUINN P. REILLY 4/24/97 954-941-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021852

CR2E037 (9/96)