

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90044 022 \*\*\*\*61.25

DOCUMENT # 750747

1. Corporation Name

CORAL TIDES CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address  
580 BRINY AVE.  
POMPANO BEACH FL 33062-5808



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/24/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2159036

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE P  
NAME REILLY, JOSEPH  
STREET ADDRESS 1330 SE 3RD TERRACE  
CITY-ST-ZIP POMPANO BCH. FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP SAME

TITLE D  
NAME WEBER, CHARLES  
STREET ADDRESS 2400 SW 44TH TERR  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP SAME

TITLE S  
NAME GLOMSKI, ANTHONY  
STREET ADDRESS 3246 NW 47TH AVE  
CITY-ST-ZIP COCONUT CREEK FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP SAME

TITLE D  
NAME MILLER, BONNIE  
STREET ADDRESS 1400 NE 24TH ST  
CITY-ST-ZIP POMPANO BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP SAME

TITLE T  
NAME KUNTZA, JOHN  
STREET ADDRESS 3450 MELROSE AVE  
CITY-ST-ZIP TITUSVILLE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP SAME

TITLE D  
NAME VLASATY, VIVIANNE  
STREET ADDRESS 1475 NW 67TH AVE  
CITY-ST-ZIP MARGATE FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP SAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

954-940-8500  
Daytime Phone #

CR2E037 (11/98)