

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752824 (3)
 1. Corporation Name
CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
15512 SW 142 COURT P. O. BOX 432753 MIAMI FL 33177-1044		15512 SW 142 COURT P. O. BOX 432753 MIAMI FL 33177-1044		06/06/1980	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		59-2136629	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN HORN, CHARLES 15512 SW 142 COURT MIAMI FL 33177				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTLEY, WILLIAM	1.2 NAME	WILLIAM MOTLEY
STREET ADDRESS	1520 VENERA AVE.	1.3 STREET ADDRESS	1520 VENERA AVE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, PETER	2.2 NAME	
STREET ADDRESS	9275 SW 152 ST. #208	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANN, ROBERT	3.2 NAME	ROBERT DANN
STREET ADDRESS	9275 SW 152 ST. #201	3.3 STREET ADDRESS	9275 SW 152 ST #201
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURL, DONALD	4.2 NAME	
STREET ADDRESS	9275 SW 152 ST. #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITKOWSKY, WILLIAM	5.2 NAME	
STREET ADDRESS	9275 SW 152 STREET #212	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Robert Dann* PRES. 4-25-98 305 253-6561

CR2E037 (10/97)