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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90074 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752824

1. Corporation Name
CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 15512 SW 142 COURT P.O. BOX 432753 MIAMI FL 33177-1044	9275 SW 152 St miami, FL 33157	Mailing Address 15512 SW 142 COURT P.O. BOX 432753 MIAMI FL 33177-1044	13617 So. Dixie Hwy #122 MIAMI, FL 33176
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2. Principal Place of Business 21 9275 SW 152 St Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33157	2a. Mailing Address 26 13617 So. Dixie Hwy Suite, Apt. #, etc. 27 #122 City & State 28 Miami, FL Zip 29 33176	3. Date Incorporated or Qualified 06/06/1980	4. FEI Number 59-2136629	Applied For Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent VAN HORN, CHARLES 15512 SW 142 COURT MIAMI FL 33177	10. Name and Address of New Registered Agent 81 Name Robert C. Dann 82 Street Address (P.O. Box Number is Not Acceptable) 13617 So. Dixie Hwy 83 84 City Miami FL 85 Zip Code 33176
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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 *Robert C. Dann* DATE 4-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MOTLEY, WILLIAM STREET ADDRESS 1520 VENERA AVE. CITY-ST-ZIP CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BROWNE, PETER STREET ADDRESS 9275 SW 152 ST. #206 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME DANN, ROBERT STREET ADDRESS 9275 SW 152 ST. #201 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME CURL, DONALD STREET ADDRESS 9275 SW 152 ST. #106 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DITKOWSKY, WILLIAM STREET ADDRESS 9275 SW 152 STREET #212 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Robert C. Dann* DATE 4-16-99 305-251-4534