

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763463 (7)  
1. Corporation Name

THE CORAL REEF CONDOMINIUM ASSOCIATION OF DEERFIELD BEACH, INC.



Principal Place of Business: 8606 COASTAL HWY. P.O. BOX 718 OCEAN CITY MD 21842  
Mailing Address: 8606 COASTAL HWY. P.O. BOX 718 OCEAN CITY MD 21842

3. Date Incorporated or Qualified: 05/27/1982  
3a. Date of Last Report: 03/27/1995

21. Principal Place of Business  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip  
25. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

4. FEI Number: 59-1459676  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

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

ESHAM, WILLIAM E., SR.  
1991 S.E. 10TH ST.  
UNIT 10, CORAL REEF  
DEERFIELD BEACH FL 33441

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

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	S	<input type="checkbox"/> DELETE
NAME	BOUTET, CECILE	
STREET ADDRESS	106 E. GRANDE AVENUE	
CITY - ST - ZIP	SCARBOROUGH ME	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPRENGER, MR. C.J.	
STREET ADDRESS	11 TORRYBURN PL.	
CITY - ST - ZIP	DON MILLS, ONTARIO, CANA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUTET, LINWOOD J	
STREET ADDRESS	106 EAST GRANDE AVE	
CITY - ST - ZIP	SCARBOROUGH, MAINE 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESHAM, WILLIAM E SR	
STREET ADDRESS	106 WEST ST	
CITY - ST - ZIP	BERLIN, MARYLAND 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	21811
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001756891
6.3 STREET ADDRESS	-03/26/96--01032--018
6.4 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: 3/19/96 DAYTIME PHONE # \_\_\_\_\_

CR2E087 (12/95)

Handwritten initials and date: 3/25/96