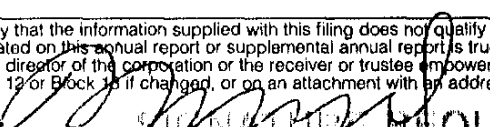


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 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 # 763463 (7) 1. Corporation Name THE CORAL REEF CONDOMINIUM ASSOCIATION OF DEERFI ELD 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 21842-0718		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/27/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 03/25/1996	
City & State 23		City & State 28		4. FEI Number 59-1459676	
Zip 24		Country 25		Applied For ☐ Not Applicable	
Country 29		Country 30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
b. Name and Address of Current Registered Agent ESHAM, WILLIAM E., SR. 1991 S.E. 10TH ST. UNIT 10, CORAL REEF DEERFIELD BEACH FL 33441		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	BOUTET, CECILE		1.2 NAME		
STREET ADDRESS	106 E. GRANDE AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SCARBOROUGH ME		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	SPRENGER, MR. C.J.		2.2 NAME		
STREET ADDRESS	11 TORRYBURN PL.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DON MILLS, ONTARIO, CANA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	BOUTET, LINWOOD J		3.2 NAME		
STREET ADDRESS	106 EAST GRANDE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SCARBOROUGH, MAINE 00000		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	ESHAM, WILLIAM E SR		4.2 NAME		
STREET ADDRESS	106 WEST ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BERLIN, MARYLAND 00000 21811		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
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:  SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)