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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	Mailing Address
8606 COASTAL HWY. P.O.BOX 718 OCEAN CITY MD 21842	8606 COASTAL HWY. P.O.BOX 718 OCEAN CITY MD 21842-0718

3. Date Incorporated or Qualified: **05/27/1982**
3a. Date of Last Report: **03/25/1996**

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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**

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		

CR2E037 (9/96)

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 3/22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075651