

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**05/27/1982**

4. FEI Number  
**59-1459676**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	<b>FL</b> 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: *[Signature]* DATE: **3/27/98**

Signature of registered agent or registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BOUTET, CECILE</b>	
STREET ADDRESS	<b>106 E. GRANDE AVENUE</b>	
CITY-ST-ZIP	<b>SCARBOROUGH ME</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SPRENGER, MR. C.J.</b>	
STREET ADDRESS	<b>11 TORRYBURN PL.</b>	
CITY-ST-ZIP	<b>DON MILLS, ONTARIO, CANA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOUTET, LINWOOD J</b>	
STREET ADDRESS	<b>106 EAST GRANDE AVE</b>	
CITY-ST-ZIP	<b>SCARBOROUGH, MAINE 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ESHAM, WILLIAM E SR</b>	
STREET ADDRESS	<b>106 WEST ST</b>	
CITY-ST-ZIP	<b>BERLIN, MARYLAND 00000 21811</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: **4/14/98**

CR2E037 (10/97)