

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90082 032 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 763463**

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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/27/1982</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1459676</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	29	30		

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	FL	85

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAWAY, HELEN	5.2 NAME	
STREET ADDRESS	4-A WASHINGTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN, MD 21811	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTET, BARBARA	6.2 NAME	
STREET ADDRESS	551 FERRY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SACO, MAINE 04072	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: *Pres* 3/16/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)