


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 763463**  
 1. Entity 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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**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1459676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ESHAM, WILLIAM E., SR.  
 1991 S.E. 10TH ST.  
 UNIT 10, CORAL REEF  
 DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

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

U00000104103  
 04/05/04-80084-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SPRENGER, MR. C.J. 11 TORRYBURN PL. DON MILLS, ONTARIO, CANA.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESHAM, WILLIAM E SR 106 WEST ST BERLIN, MD 21811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HANNAWAY, HELEN 4-A WASHINGTON ST BERLIN, MD 21811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOUTET, BARBARA 551 FERRY RD SACO, ME 04072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/30** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #