

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 763463

1. Entity Name
THE CORAL REEF CONDOMINIUM ASSOCIATION OF
DEERFIELD BEACH, INC.



Principal Place of Business Mailing Address

8606 COASTAL HWY. 8606 COASTAL HWY.
P.O. BOX 718 P.O. BOX 718
OCEAN CITY, MD 21842 OCEAN CITY, MD 21842

DO NOT WRITE IN THIS SPACE



03162005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1459676 Not Applicable

5. Certificate of Status Desired \$8.75 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

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

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	

UD0000284029
04/01/05-80050-023 61.25

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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)(l), 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 empowers.

SIGNATURE: _____ Date: 3-28-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR