


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763463</b>							
1. Entity Name THE CORAL REEF CONDOMINIUM ASSOCIATION OF DEERFIELD BEACH, INC.							
Principal Place of Business 9748 STEPHEN DECATUR HWY #103 OCEAN CITY, MD 21842			Mailing Address P.O. BOX 718 OCEAN CITY, MD 21843-0718				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1459676			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ESHAM, WILLIAM E., SR. 1991 S.E. 10TH ST. UNIT 10, CORAL REEF DEERFIELD BEACH, FL 33441			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code
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 _____							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SPRENGER, MR. C.J.		NAME				
STREET ADDRESS	11 TORRYBURN PL.		STREET ADDRESS	U00000854173			
CITY-ST-ZIP	DON MILLS, ONTARIO, CANA,		CITY-ST-ZIP	03/26/08-80100-009 61.25			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ESHAM, WILLIAM E SR		NAME				
STREET ADDRESS	106 WEST ST		STREET ADDRESS				
CITY-ST-ZIP	BERLIN, MD 21811		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HANNAWAY, HELEN		NAME				
STREET ADDRESS	4-A WASHINGTON ST		STREET ADDRESS				
CITY-ST-ZIP	BERLIN, MD 21811		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOUTET, BARBARA		NAME				
STREET ADDRESS	551 FERRY RD		STREET ADDRESS				
CITY-ST-ZIP	SACO, ME 04072		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SOUDEN, GWENDA		NAME				
STREET ADDRESS	2854 ORANGEGROVE		STREET ADDRESS				
CITY-ST-ZIP	WATERFORD, MI 48329		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 its 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 _____				954-428-1203			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
WILLIAM E. ESHAM, SR.				Daytime Phone #			