


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 28 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771081 (7)

1. Corporation Name
CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O KRISTY HALL 4616 SE 6TH AVE., STE. 202 CAPE CORAL FL 33904	Mailing Address C/O KRISTY HALL 4616 SE 6TH AVE., STE. 202 CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O <i>Tory Erickson</i>	2a. Mailing Address 28 <i>4616 SE 6th Ave</i>
Suite, Apt. #, etc. 22 <i>#102</i>	Suite, Apt. #, etc. 27 <i>#102</i>
City & State 23 <i>Cape Coral</i>	City & State 28 <i>Cape Coral FL</i>
Zip 24 <i>33904</i>	Country 25 <i>LEE</i>
Zip 29 <i>33904</i>	Country 30 <i>LEE</i>

3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2529504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HALL, KRISTY
4616 SE 6TH AVE.
STE. 202
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name <i>Erickson, Tory</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>4616 SE 6th Ave</i>
83 <i>STE 102</i>
84 City <i>Cape Coral</i>
85 Zip Code FL 33904

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 *Jane L. King* *Manager* DATE *8/25/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME OBUCH, JOANNE	
STREET ADDRESS 4616 SE 6TH AVE., STE. 102	
CITY-ST-ZIP CAPE CORAL FL 33904	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME PINKVOSS, RICHARD B.	
STREET ADDRESS 4616 SE 6TH AVENUE	
CITY-ST-ZIP CAPE CORAL FL	
TITLE TR	<input checked="" type="checkbox"/> DELETE
NAME HALL, KRISTY	
STREET ADDRESS 4616 SW 6TH AVE	
CITY-ST-ZIP CAPE CORAL FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME JONES, ELEANOR	
STREET ADDRESS 4616 SE 6TH AVENUE	
CITY-ST-ZIP CAPE CORAL FL	
TITLE M	<input type="checkbox"/> DELETE
NAME KING, JANE	
STREET ADDRESS 4616 SW 6TH AVE	
CITY-ST-ZIP CAPE CORAL FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <i>Tory Erickson</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <i>TR / SD</i>	
1.3 STREET ADDRESS <i>4616 SE 6th Ave Ste 102</i>	
1.4 CITY-ST-ZIP <i>Cape Coral, FL 33904</i>	
2.1 TITLE <i>James PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <i>James MacLean</i>	
2.3 STREET ADDRESS <i>4616 SE 6th Ave #201</i>	
2.4 CITY-ST-ZIP <i>Cape Coral FL 33904</i>	
3.1 TITLE <i>Tory Erickson</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <i>TR</i>	
3.3 STREET ADDRESS <i>4616 SE 6th Ave Ste 102</i>	
3.4 CITY-ST-ZIP <i>CAPE CORAL FL 33904</i>	
4.1 TITLE <i>VPD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <i>Denise Mueller</i>	
4.3 STREET ADDRESS <i>4616 SE 6th Ave Ste 104</i>	
4.4 CITY-ST-ZIP <i>Cape Coral FL 33904</i>	
5.1 TITLE <i>SAME</i>	<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 do 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 REQUIRED: *J. King* *8/25/97*

CR2E037 (4/97)