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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 771081 (7)  
1. Corporation Name  
CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O ERICKSON, TORY, 4616 SE 6TH AVE, #102, CAPE CORAL FL 33904, US  
Mailing Address: 4616 SE 6TH AVE, #102, CAPE CORAL FL 33904, US

3. Date Incorporated or Qualified: 11/03/1983  
4. FEI Number: 59-2529504  
Applied For: Not Applicable

2. Principal Office of Business: 21. 615 Cape Coral Pkwy W #102, Cape Coral, FL 33914, USA  
22. #102  
23. Cape Coral, FL  
24. 33914, 25. USA

2a. CENTURY 21 SUNBELT REALTY: 26. 615 Cape Coral Pkwy W. #102, Cape Coral, FL 33914, USA  
27. #102  
28. Cape Coral, FL  
29. 33914, 30. USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: ERICKSON, TORY, 4616 SE 6TH AVE, STE 102, CAPE CORAL FL 33904

10. Name and Address of New Registered Agent: 81. Name: AUGUST ZUNINO, 82. Street Address: 615 Cape Coral Pkwy, W. #102, 84. City: Cape Coral, FL, 85. Zip Code: 33914

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: [Signature] DATE: 5-27-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TRSD	1.1 TITLE	
NAME	ERICKSON, TORY	1.2 NAME	
STREET ADDRESS	4616 SE 6TH AVE., STE. 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MACLEAN, JAMES	2.2 NAME	
STREET ADDRESS	4616 SE 6TH AVE #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	MUELLER, DENISE	3.2 NAME	
STREET ADDRESS	4616 SE 6TH AVE STE 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	D
NAME	KING, JANE	4.2 NAME	KING, JANE
STREET ADDRESS	4616 SW 6TH AVE	4.3 STREET ADDRESS	4616 SW 6TH AVE, #103
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [Signature] DATE: 4-23-98 (941) 542-5169

CR2E037 (10/97)