


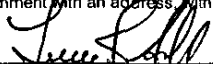
**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-28-2004 90002 044 \*\*\*\*70.00

**54055707**



<b>DOCUMENT # N02000006359</b>			
1. Entity Name <b>CORAL WAY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3095 S A1A MELBOURNE BEACH, FL 32951</b>		Mailing Address <b>3095 S A1A MELBOURNE BEACH, FL 32951</b>	
2. Principal Place of Business <b>101 CORAL WAY EAST</b>		3. Mailing Address <b>15 ROCKAWAY VALLEY ROAD</b>	
Suite, Apt. #, etc. <b>UNIT 1</b>		Suite, Apt. #, etc.	
City & State <b>INDIALANTIC, FL</b>		City & State <b>BOUNTON, NJ</b>	
Zip <b>32903</b>	Country <b>USA</b>	Zip <b>07005</b>	Country <b>USA</b>
4. FEI Number <b>APPLIED FOR 04-3792256</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LARKIN, DAVID G 1900 SOUTH HICKORY STREET STE A MELBOURNE, FL 32901		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TOLLAMANN, WILLIAM 3095 S A1A MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDWARD ZIELINSKI 3 RICHARDS RIDGE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WU, GERI 3095 S A1A MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D NANCY FORSTE 101 CORAL WAY EAST, UNIT 3 INDIALANTIC, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHICK, JOHN 120 SEVENTH AVE INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D LEONARD R. SOKOL 15 ROCKAWAY VALLEY ROAD BOUNTON, NJ 07005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  <b>LEONARD R. SOKOL</b>		Date <b>5/24/04</b>	Daytime Phone # <b>201-847-6513</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #