2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04 OCT -6 AM 9: 11 **DOCUMENT # N02000008282**

1. Entity Name CORAL COAST CLUB OF CAPE CORAL, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 19949 NALLE ROAD NORTH FORT MYERS, FL 33917 Mailing Address 19949 NALLE ROAD NORTH FORT MYERS, FL 33917 Mailing Address 19949 NALLE ROAD NORTH FORT MYERS, FL									· ,	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09152004	Cng-NP	CR2E037	7 (10/03)	
City & State			City & State			4. FEI Number 04-37151	167		<u> </u>	plied For Applicable
Zip	Zip Country		Zip		гу	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
MORO, DENICE 19949 NALLE ROAD NORTH FORT MYERS, FL 33917					Street Address (P.O. Box Number is Not Acceptable)					
					City				Zip Code	,
•					O.,			FL	210 000	
			the purpose of changing its re	egistered	office or registe	ered agent, or both,	in the State of Flo	rida. I am fa	miliar with, a	and accept
the collgat	ions of regist	ered agent.								
SIGNATURE.	Signature, typed	tor printed name of regestered ageics	nd title of applicable. (NOTE:	Acquissered A	CL I M gent signature require	AU when reinstating)	<u> </u>	0 4 1	0 Z_	
Filing Fee is \$61.25 Due by September 8, 2004 9. Election Campaig Trust Fund Contrib						\$5.00 May Be Added to Fees		ake check ida Departi		
10.	, <u>.</u>	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIR	ECTORS IN	
DILE	PD		Delete	TITLE	1 -	rea:			Change	Addition
NAME.	MORO, D			NAME			radish		A C A	
STREET ADDRESS Caty-S1-ZIP	ŧ	LLE ROAD ORT MYERS, FL 3391	7	CATY-ST		- ^-	E 1st	1ern	~~~	. 1
TITLE	STD							1 /	そおりり	1.0
KALE	HUITEMA		Delete '	TITLE		pe Co	ral 1-		3399 □Change	Addition
STREET ADDRESS		•	LJ Delete	NAME			•		Change	
CVIDY OT 78D		AACO GRANDE PKY	L.) Delete '	NAME Street	ADORESS		•		Change	☐ Addition
CITY-ST-ZIP	CAPE CO	•		NAME STREET CITY-ST	1		10041£ /0401016	53 5 8	□ Change 8-4-15 **61.	Addition
CITY-ST-ZIP TITLE NAME		AACO GRANDE PKY PRAL, FL 33904	L] Delete	NAME Street	1		•	53 5 8	Change	☐ Addition
DRE	CAPE CO	AACO GRANDE PKY PRAL, FL 33904 , ALICE		NAME STREET CITY-ST -TITLE NAME	1		•	53 5 8	□ Change 8-4-15 **61.	Addition
DRE MAE	CAPE CO STD PLAATJE 521 RANI	AACO GRANDE PKY PRAL, FL 33904 , ALICE	Delote	NAME STREET CITY-ST -TITLE NAME	T-ZIP ADDRESS		•	53 5 8	□ Change 8-4-15 **61.	Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD PLAATJE 521 RANI FORT MY	AACO GRANDE PKY PRAL, FL 33904 , ALICE DY LANE (ERS BEACH, FL 3391)	Delote	NAME STREET CITY-ST -TITLE NAME STREET CITY-S TITLE	T-ZIP ADDRESS		•	5358 5-005	□ Change 8-4-15 **61.	Addition
TRLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CAPE CO STD PLAATJE 521 RANI	AACO GRANDE PKY PRAL, FL 33904 , ALICE DY LANE (ERS BEACH, FL 3391)	Delete	NAME STREET CITY-ST -TITLE NAME STREET CITY-ST TITLE NAME	T-ZIP ADDRESS T-ZIP		•	5358 5-005	Change Change ***61	Addition 25 Addition
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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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

239-543-2667

Davtme Phone #