

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N10685

1. Corporation Name

Coral Cielo Condominium Assn, Inc

Principal Place of Business

2085 University Dr.  
Coral Springs, FL  
33071

Mailing Address

2085 University Dr  
Coral Springs, FL  
33071

97 JUN 10 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-97

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	7-85	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0201150	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

Southeast Condo Management  
2085 University Dr  
Coral Springs, FL  
33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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] (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	400002213804-0
		1.4 CITY-ST-ZIP	-06/16/97-01180-011
			****\$61.25 ****\$61.25
		2.1 TITLE	Change Addition
		2.2 NAME	
		2.3 STREET ADDRESS	400002213804-0
		2.4 CITY-ST-ZIP	-06/16/97-01180-012
		2.5 CITY-ST-ZIP	****\$61.25 ****\$61.25
		3.1 TITLE	Change Addition
		3.2 NAME	
		3.3 STREET ADDRESS	400002213804-0
		3.4 CITY-ST-ZIP	-06/16/97-01180-013
			****\$175.00 ****\$175.00
		4.1 TITLE	Change Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	Change Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change 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: [Signature] John B. Chiarama 5-27-97 9547525764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #