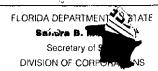
FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT





1997

DOCUMENT #N10685 Coral Cielo Condominium Assn, Inc CETX 5285

97 JUN 10 AM 10: 53

SECRETARY OF STATE TALLAHASSEE FLORIDA

				7 -
Principal Place of Business	Mailing Address		DEINICTATEMENT	0
2085 University Dr	2085 Univers		REINSTATEMENT	96-49
Coral Springs, Fl.	Caral Spr	ings H	3. Date Incorporated or Qualified 3a. Date	e of Last Report
33071		1307)	7-85	
2. Principal Place of Business 2a. Malling Address			4. FEI Number	Applied For
26		,	65-0201150	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intangible to	
9. Name and Address of Curren		30	Florida Statutes Yes	
81 Name				
Southeast Condo Management			desce (D.O. Dou Number in Not Accomtable)	
2085 University Dr		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		83		
Coral springs P	ł	84 City		85 Zip Code
33071			FL	
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, type printed name of registored ago:	of end title if earli believe (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12. * OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE P/D Ahraham Ha	hamwitch DELETE	1.1 TITLE		Change Addition
NAME 6410 NW 89th AVE	* Karnovinery	1.2 NAME	unit entrination entre	
STREET ADDRESS Tomarac, Fl 33:		1.3 STREET ADDRESS	400002213	iii80011
CHY-SI-ZIP		1.4 CHY-S1-ZIP 2.1 TITLE	**************************************	Change Middling
NAME NAME	renster	2.2 NAME		
STREET ADDRESS 450 1-23	m Ave.	2.3 STREET ADURESS	4 00002213 -06/16/970	804
Constant FL	22005	2. 4 C/TY - ST - Z/P		1100
7 7	reman	3.1 HILE	· · ·	Change Addition
NAME STREET ADDRESS 4501-33 AMERICA	The.	3.2 NAME 3.3 STREET ADDRESS	400987671-3	204 U
CITY-SI-ZIP Coll Springs .FL	3300	3.4. CITY+ST-ZIP	- Ub/15/31TTU *※**175.00	1100~010 *****175.00
TITLE - VPID DONALD G.	HAHPMOULLE	4.1 TITLE		Change Addition
	AKLAND PAKK	4. 2 NAME		
STREET ADDRESS	73 L V D	4.3 STREET ADDRESS		
CITY-ST-ZIP SYNNISE F	40 KIDA 353/3	4 4 CITY - ST - ZIP		
NAME STIDTONN B. Chian	mar LI DELETE	5 1 TITLE	L	Change Addition
STREM ADDRESS 2433 NW 87	DRIVE	5 2 NAME		
CITY-ET-ZIP CALAL SPRIN	91, FL 33065	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE STIPLE SYNCISE FOR MANE STREM ADDRESS CHY-ST-ZIP CALAL SPRIN	☐ DELETE	6.1 TITLE	ī	Change Addition
NAME #		6.2 NAME	_	
STREET ADDRESS		6.3 STREET ADDRESS		
City-St-ZiP	Liver Alice Clare de la live	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 of 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				

SIGNATURE:

John B. U

5-27-9

954752576