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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40779

1. Corporation Name

COALITION FOR WILDERNESS ISLANDS, INC.

Principal Place of Business

625 WHISPERING PINES RD  
BOYNTON BEACH FL 33426  
US

Mailing Address

4765 NW 6TH CT  
DELRAY BEACH FL 33445  
US



2. Principal Place of Business

21 625 WHISPERING PINES RD

Suite, Apt. #, etc.

22 City & State

23 BOYNTON Bch., FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 4765 N.W. 6TH COURT

Suite, Apt. #, etc.

27 City & State

28 DELRAY BEACH, FL.

Zip

29 33445

Country

30 USA

3. Date Incorporated or Qualified

11/08/1990

4. FEI Number

65-0230090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ALAN K. PARMALES  
4765 NW 6TH CT  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name ALAN K. PARMALEE

82 Street Address (P.O. Box Number is Not Acceptable)

4765 N.W. 6TH CT.

83

84 City

DELRAY BEACH,

FL

85 Zip Code

33445

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 Alan K. Parmales

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-3-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE

NAME CICHOCKI, FRED  
STREET ADDRESS 750 NW 6TH DR  
CITY-ST-ZIP BOCA RATON FL

TITLE D  DELETE

NAME IVERSON, GRACE  
STREET ADDRESS 8818 S E SHARON ST  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE T  DELETE

NAME PARMALEE, ALAN  
STREET ADDRESS 4765 N.W. 6TH COURT  
CITY-ST-ZIP DELRAY BEACH FL

TITLE CD  DELETE

NAME ROSSI, STELLA  
STREET ADDRESS 625 WHISPERING PINES RD.  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 S/D CINDY BLACK  
5.3 STREET ADDRESS 13896 COCONUT AVE.  
5.4 CITY-ST-ZIP JUNO BEACH, FL. 33408

6.1 TITLE  Change  Addition

6.2 NAME D MARK BEHAR  
6.3 STREET ADDRESS 298 N.W. 11TH STREET  
6.4 CITY-ST-ZIP BOCA RATON, FL. 33432

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, with all other like empowered.

SIGNATURE: Alan K. Parmales  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 (561) 498-0996  
Date Daytime Phone #

CR2E037 (1/198)