


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004961 ✓					
1. Corporation Name CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUNTY), INC.					
Principal Place of Business 3073 NW 92ND AVENUE CORAL SPRINGS FL 33065 US			Mailing Address 3073 NW 92ND AVENUE CORAL SPRINGS FL 33065 US		

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



3/29/99 90005/029 \$70.00

2. Principal Place of Business 21 3077 NW 92 AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 3077 NW 92 AVENUE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/06/1994	
22 City & State 23 Coral Springs FL		27 City & State 28 Coral Springs FL		4. FEI Number NOT APPLICABLE	
24 Zip 33065 25 Country USA		29 Zip 33065 30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FRENCH, RACHEL 3073 NW 92ND AVENUE CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name CARRIE SEHR 82 Street Address (P.O. Box Number is Not Acceptable) 3077 NW 92 AVENUE 83 84 City Coral Springs FL 85 Zip 33065			
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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 Carrie Sehr DATE 7/19/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRENCH, RACHEL 3073 NW 92ND AVENUE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP SEHR, CARRIE 3077 NW 92 AVENUE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LYON, MARK 3061 N.W. 92ND AVENUE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD SAUDY WASIELAK 3071 NW 92 AVENUE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AFFATATI, PETER 3079 N.W. 92ND AVENUE CORAL SPRINGS FL 33065 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD PETER AFFATATI 3079 NW 92 AVENUE CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)