

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # **N96000001582 (2)**

1. Corporation Name

CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTI C, INC.



Principal Place of Business

1177 NORTH HWY A1A
#402
INDIALANTIC FL 32903
US

Mailing Address

PO BOX 33807
INDIALANTIC FL 32903-0807
US

2. Principal Place of Business

2a. Mailing Address

21 Suffix, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Country

g. Name and Address of Current Registered Agent

**NOHRR, PHILIP F.
1800 WEST HIBISCUS BLVD
SUITE 138
MELBOURNE FL 32901**

3. Date Incorporated or Organized
01/22/1992

3a. Date of Last Report
02/27/1995

4. FEIN Number
59-3101672

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name
MARRS, KEVIN G. - SPYLA COAST Property Mgmt
82 Street Address (P.O. Box Numbers Not Accepted)
3128 Lake Washington Rd. #170
83 City
Melbourne FL 85 Zip Code
32931

11. Pursuant to the provisions of Sections 607.0012 and 607.154 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, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, the new Florida Statutes.

SIGNATURE

[Handwritten Signature]

2/13/96

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	LEVY, PAUL R.	
3. STREET ADDRESS	1177 N A1A #303	
4. CITY, STATE, ZIP	INDIALANTIC FL	
5. TITLE	VPD	<input type="checkbox"/> DELETE
6. NAME	BLUE, DR. THOMAS	
7. STREET ADDRESS	1137 N A1A #401	
8. CITY, STATE, ZIP	INDIALANTIC FL	
9. TITLE	SD	<input type="checkbox"/> DELETE
10. NAME	BORTELINI, ANTHONY	
11. STREET ADDRESS	1177 N A1A #201	
12. CITY, STATE, ZIP	INDIALANTIC FL	
13. TITLE	TD	<input checked="" type="checkbox"/> DELETE
14. NAME	WOODWARD, CHARLES F.	
15. STREET ADDRESS	1177 N A1A #402	
16. CITY, STATE, ZIP	INDIALANTIC FL	
17. TITLE	D	<input checked="" type="checkbox"/> DELETE
18. NAME	ERCHEATE, ARTURO	
19. STREET ADDRESS	1177 N A1A #203	
20. CITY, STATE, ZIP	INDIALANTIC FL	
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	Bartolini, Anthony
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	TD Michael Galatola
15. STREET ADDRESS	1177 North A1A #202
16. CITY, STATE, ZIP	Indialantic, FLA 32903
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	OTTHAR Dippold
19. STREET ADDRESS	1177 North A1A #501
20. CITY, STATE, ZIP	Indialantic, FLA 32903
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 in powers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

CR2E034 (12/95)