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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001582 (3)
1. Corporation Name
CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTI C, INC.



Principal Place of Business: 1177 NORTH HWY A1A #402 INDIALANTIC FL 32903
Mailing Address: P.O. BOX 33807 INDIALANTIC FL 32903-0807

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 03/25/1996
4. FEI 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

2. Principal Place of Business (21-23): 1177 NORTH HWY A1A #402 INDIALANTIC FL 32903
2a. Mailing Address (26-28): P.O. BOX 33807 INDIALANTIC FL 32903-0807
24. Zip: 32903
25. Country: FL

9. Name and Address of Current Registered Agent
MARKS, KEVIN G
SPACE COAST PROPERTY MGMT
3128 LAKE WASHINGTON RD #170
MELBOURNE FL 32934

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: MELBOURNE
85. Zip Code: 32934

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, PAUL R	
STREET ADDRESS	1177 NORTH HWY A1A #303	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLUE, DR. THOMAS	Seid 1137
STREET ADDRESS	1177 N A1A #401	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLINI, ANTHONY	
STREET ADDRESS	1177 NORTH HWY A1A #201	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GALATOLA, MICHAEL	
STREET ADDRESS	1177 NORTH A1A #202	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIPPOLD, OTTMAR	
STREET ADDRESS	1177 NORTH A1A #501	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1177 N. HWY A1A #401
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary/Treasurer
3.3 STREET ADDRESS	Kevin Marks 3128 Lake Washington Rd. #170 Melbourne, FL 32934
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Dan Deighan
4.3 STREET ADDRESS	112 W. New Haven Ave. Melbourne, FL 32901
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Debi Bush
5.3 STREET ADDRESS	1177 N. Hwy A1A #402 Indialentic, FL 32903
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Effie K. Blue
6.3 STREET ADDRESS	1177 N. Hwy A1A #401 Indialentic FL., 32903
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 reports 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: Thomas M. Blue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: 0018578

CR2E037 (9/96)