


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/22/1992
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4. FEI Number 59-3101672	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

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

7. Is this nonprofit corporation a homeowners association? Condo Assoc. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, PAUL R	1.2 NAME	
STREET ADDRESS	1177 NORTH HWY A1A, #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, DR. THOMAS	2.2 NAME	
STREET ADDRESS	1177 N. HWY A1A, #401	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRS, KEVIN	3.2 NAME	
STREET ADDRESS	3128 LAKE WASHINGTON RD., #170	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, DEBI	4.2 NAME	
STREET ADDRESS	1177 N. HWY A1A, #402	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPPOLD, OTTMAR	5.2 NAME	
STREET ADDRESS	1177 NORTH A1A #501	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, EFFIE K	6.2 NAME	
STREET ADDRESS	1177 N. HWY A1A	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	6.4 CITY-ST-ZIP	

DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS	<input checked="" 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.

SIGNATURE: *[Signature]* 4/2/98 407 768 0991

CR2E037 (10/97)