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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000001582

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/22/1992

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

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

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME LEVY, PAUL R
STREET ADDRESS 1177 NORTH HWY A1A, #303
CITY-ST-ZIP INDIALANTIC FL

TITLE VD DELETE

NAME BLUE, DR. THOMAS
STREET ADDRESS 1177 N. HWY A1A., #401
CITY-ST-ZIP INDIALANTIC FL

TITLE DT DELETE

NAME BUSH, DEBI
STREET ADDRESS 1177 N. HWY A1A., #402
CITY-ST-ZIP INDIALANTIC FL

TITLE DS DELETE

NAME DIPPOLD, OTTMAR
STREET ADDRESS 1177 NORTH A1A #501
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D DELETE

NAME BLUE, EFFIE K
STREET ADDRESS 1177 N. HWY A1A
CITY-ST-ZIP INDIALANTIC FL

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 (11/98)