

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001582

1. Entity Name

CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTI

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90141 006 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3101672</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKS, KEVIN G**  
**SPACE COAST PROPERTY MGMT**  
**3128 LAKE WASHINGTON RD #170**  
**MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* (N/A) *4/27/00*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. 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	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLUE, DR. THOMAS	
STREET ADDRESS	1177 N. HWY A1A., #401	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BUSH, DEBI	
STREET ADDRESS	1177 N. HWY A1A., #402	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DIPPOLD, OTTMAR	
STREET ADDRESS	1177 NORTH A1A #501	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLUE, EFFIE K	
STREET ADDRESS	1177 N. HWY A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D Bowman</i>	
STREET ADDRESS	<i>1177 N. Hwy #203</i>	
CITY-ST-ZIP	<i>Indialantic FL 32903</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *4/27/00* *321-768 0991*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *321-952-2583*

CR2E037 (9/99)