2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90082 003 ****61.25

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Entity Name
CORAL REEF CONDOMINIUM ASSOCIATION OF INDIALANTIC, INC.

400466 14

01042007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
C/O SPACE COAST PROPERTY MGMT 645 CLASSIC CT STE 104 MELBOURNE, FL 32940	C/O SPACE COAST PROPERTY MGMT 645 CLASSIC CT STE 104 MELBOURNE, FL 32940

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3101672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPACE COAST PROPERTY MANAGEMENT
SPACE COAST PROPERTY MGMT
645 CLASSIC CT STE 104
MELBOURNE, FL 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: MARK JACKSON 3/6/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ✓ DEL AUDER, DICK 1177 N HWY A1A #303 INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIFFOLD, OTTMAR 1177 N HWY A1A #501 INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas Metter 1177 N. Hwy A1A # 401 Indialantic, Fl. 32903	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ✓ FREDERKING, ED 1177 N HWY A1A #301 INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARTOLINI, TONY 1177 N HWY A1A 201 INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ✓ DUNSFORD, CHARLES 1177 N. HIGHWAY ATA #503 INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X Ed Frederking 3-21-07 X 321 956 8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #