## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

|  | 1998   | DIVISION OF CI   | UNPURATI                   | OINO                  |  |                                 |   |     |
|--|--|--|----------------------------|-----------------------|--|---------------------------------|---|-----|
|  | 11440110   | 0003360 (1)  |                            |                       |  |                                 |   |     |
| CORAL COVE CONDOMINIUM ASSOCIATION, INC.           |  |  |                            |                       | 6.18821181 878 18111 18811 18811 18811 18811 1   |                                 | Bitle Ball 1861                           |     |
| ĺ  |  |  |                            |                       |  |                                 |   |     |
| Principal Place of Business Mailing Address        |  |  |                            |                       | r industrial din Lauri Berlit delle destri petrit Felit.   | DEFECT CALOR STAID              | <b>0</b> )(1) <b>00</b> (1) ( <b>00</b> ) |     |
| 1690 SOUTH CONGRESS AVENUE 1690 SOUTH CONGRESS AVE |  |  |                            |                       | 3. Date Incorporated or Qualified  |                                 |   | ٦   |
| DELRAY BEACH FL 33445 DELRAY BEACH FL 33445        |  |  |                            |                       | 06/11/1997   |                                 |   |     |
|  |  |  |                            |                       | 4. FEI Number  | <del></del>                     | oplied For                                | 7   |
| 2. Principal Place of Business 2s. Mailing Address |  |  |                            |                       |  |                                 | ot Applicable                             | 4   |
| 21 28  |  |  |                            |                       | 5. Certificate of Status Desired   | \$0.75 /<br>Fee Re              | Additional<br>equired                     |     |
| Suite, Apt.  | Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                            |                       | 6. Election Campaign Financing   | \$5.00                          | May Bø                                    | 7   |
| 22   |  |  | <del> </del>               |                       | Trust Fund Contribution  | Added to                        |   | 4   |
| 23   | 28   |  |                            |                       | 7. Is this nonprofit corporation a homeowners association?   |                                 |   |     |
| Zip  | Country Zip Co   |  |                            | /                     | 8. This corporation owes or has paid the current year Inta   |                                 |   | 1   |
| 24   | 25 29 30   |  |                            |                       | Personal Property Tax due June 30. Yes No  |                                 |   |     |
|  | 9. Name and Address of Current   | Hegistered Agent   | 81                         | Name                  | 10. Name and Address of New Registered   | 1 Agent                         |   | ┨   |
| OLADDADIO MICHIE                                   |  |  |                            | ,,,,,,,               |  |                                 |   | _]  |
| D'ADDARIO, MERLE 1890 SOUTH CONGRESS AVENUE        |  |  |                            | Street                | Address (P.O. Box Number is Not Acceptable)  |                                 |   |     |
| SUITE 200  |  |  |                            |                       |  |                                 | ·····                                     | 7   |
| DELRAY BEACH FL 33445                              |  |  |                            | City                  |  | 85 Zip (                        | Code                                      | -   |
|  |  |  |                            | '                     | FI   | L                               |   | _   |
| 11. Pursuant office or r                           | to the provisions of Sections 617.0502<br>egistered agent, or both, in the State (   | ? and 617.1508, Florida Statute:<br>of Florida. Such change was au | s, the abov<br>ithorized b | e-named<br>y the corp | corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap | of changing it<br>opointment as | ts registered<br>registered               |     |
| agent. i a   | m familiar with, and accept the obliga   | tions of, Section 617.0503, Flor                                   | ida Statute                | 8.                    |  | •                               | •   | ļ   |
| SIGNATURE .  | Signature, typied or printed name of registered ager   | I and title if applicable (NOTE:                                   | Registered Ag              | ent akanature         | e required when reinstating) DATE  |                                 | <del></del>                               |     |
| 12.  | OFFICERS AND DIRECTORS 13  |  |                            |                       | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTOR                     | S IN 12                                   | 200 |
| TITLE .  | 1.0  |  | 1.1 TITLE                  |                       |  | Change                          | Addition Addition                         | 15  |
| NAME   | D'ADDARIO, MERLE   |  |                            |                       |  |                                 |   | 5   |
| STREET ADDRESS                                     | ***************************************  |  |                            | ADDRESS               |  |                                 |   | Ιŭ  |
| CITY-ST-ZIP<br>TITLE                               |  |  | 1.4 City-5<br>2.1 Title    | ST-ZIP                | UDCE   | Change                          | Addition                                  | -18 |
| NAME   | 100  |  | 2.2 NAME                   |                       | VDST   | Day onlyings                    | tand ricemon                              |     |
| STREET ADDRESS                                     | The control of the co |  |                            | ADDRESS               | LEVY, JOANN<br>SAME  |                                 |   | 1   |
| CITY-ST-ZIP  |  |  | 2.4 CITY-                  | ST-ZIP                | SAPIE  |                                 |   |     |
| TITLE  | The state of the s |  | 3.1 TITLE                  |                       | D  | Change                          | Addition                                  |     |
| NAME   |  |  | 3.2 NAME                   |                       | RUSKIN, JERRY  |                                 |   |     |
| STREET ADDRESS                                     |  |  |                            | ADDRESS               | 1690 SOUTH CONGRESS AVENUE   | SUITE (                         | #200                                      | -   |
| CITY-ST-ZIP<br>TITLE                               | DELRAY BEACH FL 33445  | ☐ DELETE   | 3.4. CITY -<br>4.1 TITLE   | ST-ZIP                | DELRAY BEACH, FL 33445   | Change                          | Addition                                  | Η.  |
| NAME   |  |  | 4. 2 NAME                  |                       | PIVINSKI, JOSEPH   | tan overige                     |   | 1   |
| STREET ADDRESS                                     |  |  | 4.3 STREET                 |                       | 1690 SOUTH CONGRESS AVENUE   | SUITE                           | #200                                      |     |
| CITY-ST-ZIP  |  |  | 4.4 City-5                 | ST-ZIP                | DELRAY BEACH, FL 33445   |                                 |   | _]  |
| TITLE  |  | DELETE   | 5.1 TITLE                  |                       | D  | ☐ Change                        | Addition                                  | 1   |
| NAME   |  |  | 5.2 NAME                   |                       | Levy, R.D.   |                                 | 7/>                                       | 4   |
| STREET ADDRESS                                     |  |  | 5.3 STREET                 |                       | 1690 SOUTH CONGRESS AVENUE   | SUITE #                         | #200( <i>s</i>                            | P   |
| CITY-ST-ZIP<br>TITLE                               | <del></del>  | DELETE   | 5.4 CITY - S<br>6.1 TITLE  | ST-ZIP                | DELRAY BEACH, FL 33445   | Change                          | ☐ Addition                                | 4   |
| NAME   |  | pture  | 6.2 NAME                   |                       | 0000025545   | ĬĬ.                             |   |     |
| STREET ADDRESS                                     |  |  | 6.3 STREET                 | ADDRESS               | -06/10/98010420  |                                 |   | 1   |
| CITY-ST 7IP  |  |  | 64 CITY . S                |                       | ***61.25   |                                 |   |     |

14. It 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 eath; that I am an officer or director of the corporation or the receiver of trusted 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 or an attachment with an address.

SIGNATURE

8/L

JOANN LEVY, VDST 04/06/98 (561)274-2000