### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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#### DOCUMENT # P99000066743

1. Entity Name

CORAL CLUB APARTMENTS, INC.

Principal Place of Business

7900 GLADES ROAD

SUITE 420

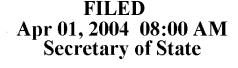
BOCA RATON, FL 33434

Mailing Address

7900 GLADES ROAD

**SUITE 420** 

BOCA RATON, FL 33434





01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0936317 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUER, SHERI 7900 GLADES ROAD SUITE 420 BOCA RATON, FL 33434

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<ol> <li>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. 1 am lamillar with, and accept the obligations of registered agent.</li> </ol>	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstalling)	DATE

#### File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE TOPPEL, HAROLD NAME 7900 GLADES ROAD SUITE 420 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 TITLE TOPPEL, PATRICIA NAME STREET ADDRESS 7900 GLADES ROAD SUITE 420 CITY-ST-ZIP BOCA RATON, FL 33434 TITE E TOPPEL, JONATHAN D NAME 7900 GLADES ROAD SUITE 420 STREET ADDRESS BOCA RATON, FL 33434 CITY-ST-ZIP TITLE NAME SAWYER, JENNIFER A STREET ADDRESS 7900 GLADES ROAD SUITE 420 CITY-ST-ZIP BOCA RATON, FL 33434 กทร TOPPEL, JEFFREY R STREET ADDRESS 7900 GLADES ROAD SUITE 420 CITY-ST-ZIP BOCA RATON, FL 33434 TETLE NAME TOPPEL, MICHAEL A 7900 GLADES ROAD SUITE 420 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434

U0000100367 04/01/04-80005-005 150.00

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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 607, 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 AND TYPED OR PRINTED NAME

Harold Toppel 3/26/04

561-451-4696

Osydme Phone A