

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 8:57

DOCUMENT # 704578 (4)
1. Corporation Name
CORONET VILLA APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2300 JACKSON ST 2300 JACKSON ST
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

3. Date Incorporated or Qualified 09/26/1962 3a. Date of Last Report 02/07/1994
4. FEI Number 59-1035187 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 County 28 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MCDONNELL, ROBERT E.
2300 JACKSON STREET
HOLLYWOOD FL 33020**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CONNOLLY, ALVA 2300 JACKSON ST HOLLYWOOD, FL 00000	1.1 TITLE SEC/TREAS. I.P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME JOANN DEGAGLIA	
STREET ADDRESS		1.3 STREET ADDRESS 44 DEMAREST AVE.	
CITY - ST - ZIP		1.4 CITY - ST - ZIP WEST HAVERSTRAW NY 10993	
TITLE S	MCDONNELL, MARGARET 2300 JACKSON ST HOLLYWOOD, FL 00000	2.1 TITLE RESIGNED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME MARGRET MCDONNELL	
STREET ADDRESS		2.3 STREET ADDRESS 1/95	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE PD	MCDONNELL, ROBERT E 2300 JACKSON ST HOLLYWOOD, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	FUSCO, DOMINICK 2300 JACKSON ST HOLLYWOOD, FL 00000	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Joann DeGaglia 6/10/95 914-429-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)

CR2E037 (3/95)