

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **2300 JACKSON ST HOLLYWOOD FL 33020**  
Mailing Address: **R. McDonnell 5300 Washington ST. Apt 214 W Hollywood Fla 33021**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report Applied For
21	26	09/26/1962	06/28/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	59-1035187	<input checked="" type="checkbox"/> Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>MCDONNELL, ROBERT E. 2300 JACKSON STREET HOLLYWOOD FL 33020</b>	81 Name: <b>ALVA CONNELLY</b>
<b>5300 Washington ST. Apt 214 W</b>	82 Street Address (P.O. Box Number is Not Acceptable): <b>2300 JACKSON ST</b>
	83 <b>APT 11</b>
	84 City: <b>HOLLYWOOD FL</b> 85 Zip Code: <b>33020</b>

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 "reinstating") DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	BOARD OF DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGALIA, JOANN	1.2 NAME	ANN IANNELLI
STREET ADDRESS	44 DEMAREST AVE	1.3 STREET ADDRESS	20-14 123ST
CITY-ST-ZIP	WEST HAVERSTRAW NY	1.4 CITY-ST-ZIP	LI NY 11356
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	BOARD OF DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONNELL, ROBERT E	2.2 NAME	ROSARIO PINTAUDI
STREET ADDRESS	2300 JACKSON ST	2.3 STREET ADDRESS	8 LAURAL DR
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	STONY POINT NY 10986
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BOARD OF DIR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUSCO, DOMINICK	3.2 NAME	Francoise COTE
STREET ADDRESS	2300 JACKSON ST	3.3 STREET ADDRESS	1400 LOUISE ST
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	ST FRANCOIS-LAVAL Quebec. CANADA H7A2M7
TITLE	<input type="checkbox"/> DELETE	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	600001774476
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	-04/09/96--01129--00015 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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: DAVID HUGHER DATE: 2/7 DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)