FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997 **DOCUMENT #**

Principal Place of Business

2. Principal Place of Business

MCDONNELL, ROBERT E. 5300 WASHINGTON ST

HOLLYWOOD FL 33020

Suite, Apt. #, etc.

City & State

APT 214 W

Zip

2300 JACKSON ST

21

22

23

24

HOLLYWOOD FL 33020

CORONET VILLA APARTMENTS, INC.

997	Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
ENT # 7045	578 (4)					
T VILLA APARTMENT	S, INC.					
of Business	Mailing Address			T A HOULD TO DE IN DIGHT DEFAIT DEFAI	TAN MUMULU MUMULU MUMU	II TIBUI OISIR BILII IBBI
13020 1	C/O R. MCDONNELL 5300 WASHINGTON ST. APT 214 V HOLLYWOOD FL 33021-7764	N				
	clo J. DeGag	٠. لام		3. Date Incorporated or Qualified 09/26/1962	3a. Date of 04/(Last Report)9/1996
e of Business	2a. Mailing Address J 26 B OLD FIELD CT			4. FEI Number 59-1035187		Applied For Not Applicable
etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	□ \$ ⁱ	8.75 Additional Fee Required
	City & State 28 GARNERVILLE I	YW	10	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Country 25	29 10423 30	untry	is.A	8. This corporation has liability for in Florida Statutes	ntangible tax u Yes No	
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Reg	latered Ager	nt
		81	Name			
ll, robert e. Hington st		62	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
1		83				
OD FL 33020		84	City		FL 85	Zip Code
istered agent, or both, in the	7.0502 and 617.1508, Florida Statutes, the a State of Florida. Such change was authorize obligations of, Section 617.0503, Florida Sta	ed by	the corporat	oration submits this statement for the pion's board of directors. I hereby accept	rroose of char	nging its registered nent as registered
nature, typed or printed name of registe	eo agent ano une n'applicable [NOTE: Hagister	ed Age	int signature requir	ed when reinstating)	DATE	/ .

FILED

Feb 14 1997 8:00am

 Pursuant to the provisions of Sections 617.0502 and 617.1508, Flo office or registered agent, or both, in the State of Florida. Such cha agent. I am familiar with, and accept the obligations of, Section 61 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STD TITLE □ DELETE 1.1 TITLE Change Acution DEGALIA, JOANN NAME 1.2 NAME 44 DEMAREST AVE BOLDFIELD CT STREET ADDRESS 1.3 STREET ADDRESS WEST HAVERSTRAW NY GARNEVVIlle NY 10923 CITY-ST-7/P 1.4 CITY-ST-ZIP TITLE PD DELETE 2.1 TITLE ☐ Addition Change MCDONNELL, ROBERT E NAME 2.2 NAME 2300 JACKSON ST STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ___ Addition IANNELU, ANN 3.2 NAME 20-14 123 ST STREET ADDRESS 3.3 STREET ADDRESS LI NY 11356 CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE TITLE 4.1 TITLE ☐ Change Addition PINTAUDI, ROSARIO NAME 4.2 NAME STREET ADDRESS **8 LAURAL DR** 4.3 STREET ADDRESS CITY-ST-7IP STONY POINT NY 10986 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE COTE', FRANCOISE NAME 5.2 NAME 1400 LOUISE ST STREET ADORESS **5.3 STREET ADDRESS** ST FRANCAIS-LAVAL QUEBEC, CAN CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-2IP

14. I do 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 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:

Daytime Phone # 0001824

Date