

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704578

1. Corporation Name
CORONET VILLA APARTMENTS, INC.

Principal Place of Business
 2300 JACKSON ST
 HOLLYWOOD FL 33020

Mailing Address
 C/O J DEGAGLIA
 8 OLDFIELD CT
 GARNERVILLE NY 10923
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/26/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1035187	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
	Country		Country	\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONNELLY, ALVA 2300 JACKSON ST APT 11 CORONET VILLA APTS HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGALIA, JOANN	1.2 NAME	DEGAGLIA JOANN
STREET ADDRESS	44 DEMAREST AVE	1.3 STREET ADDRESS	8 OLDFIELD CT.
CITY-ST-ZIP	WEST HAVERSTRAW NY	1.4 CITY-ST-ZIP	GARNERVILLE NY 10923
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, ALVA	2.2 NAME	
STREET ADDRESS	2300 JACKSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNELLI, ANN	3.2 NAME	
STREET ADDRESS	8 OLDFIELD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GARNERVILLE NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTAUDI, ROSARIO	4.2 NAME	
STREET ADDRESS	8 LAURAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STONY POINT NY 10986	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE', FRANCOISE	5.2 NAME	
STREET ADDRESS	1400 LOUISE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST FRANCAIS-LAVAL QUEBEC.CAN	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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/99 914-429-0703

CR2E037 (1/198)