

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90005 047 ****61.25

0001917

DOCUMENT # 704578

1. Entity Name

CORONET VILLA APARTMENTS, INC.

Principal Place of Business

Mailing Address

**2300 JACKSON ST
 HOLLYWOOD FL 33020**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1035187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE GAGLIA, JOANN
 2300 JACKSON ST
 APT. 12
 HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	DEGALIA, JOANN	
STREET ADDRESS	8 OLDFIELD COURT	
CITY-ST-ZIP	GARNERVILLE NY 10923	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CONNELLY, ALVA	
STREET ADDRESS	2300 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	IANNELLI, ANN	
STREET ADDRESS	8 OLDFIELD CT	
CITY-ST-ZIP	GARNERVILLE NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PINTAUDI, ROSARIO	
STREET ADDRESS	8 LAURAL DR	
CITY-ST-ZIP	STONY POINT NY 10986	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTE', FRANCOISE	
STREET ADDRESS	1400 LOUISE ST	
CITY-ST-ZIP	ST FRANCAIS-LAVAL QUEBEC,CAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: _____

Joann DeGaglia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

845 429 0703

Date

Daytime Phone #

CR2E037 (9/01)