

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

02-28-2005 90212 017 ****61.25

DOCUMENT # 704578
 1. Entity 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**

66007777



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE GAGLIA, JOANN
2300 JACKSON ST
APT. 12
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

FILE NOW - FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: STD NAME: DEGALIA, JOANN STREET ADDRESS: 8 OLDFIELD COURT CITY-ST-ZIP: GARNERVILLE NY 10923	<input type="checkbox"/> Delete	TITLE: Sec/Treasurer NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PINTAMDI, ROSARIO STREET ADDRESS: 8 LAUREL DRIVE STONY PT CITY-ST-ZIP: STONY POINT NY 10980	<input type="checkbox"/> Delete	TITLE: Vice President NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COTE, FRANCOISE STREET ADDRESS: 1400 LOUISE ST CITY-ST-ZIP: ST-FRANCAIS-LAVAL QUEBEC, CAN	<input type="checkbox"/> Delete	TITLE: President NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SCAGLIONA, MARIA STREET ADDRESS: 8 OLDFIELD CT CITY-ST-ZIP: GARNERVILLE NY 10923	<input checked="" type="checkbox"/> Delete	TITLE: MARIA GUELI NAME: 11630 Pierre BAILLARGEON STREET ADDRESS: MONTREAL CANADA H1E4Z5 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: PHILIP PANTANO NAME: 37 KAREN LA. STREET ADDRESS: DEPEW NY 14043 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: *Joann Degaglia* **2/05/05** **845 429-0703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #