## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 704578

SIGNATURE:

CORONET VILLA APARTMENTS, INC.



## FILED May 05, 2003 8:00 am § Secretary of State 05-05-2003 90107 043 \*\*\*\*61.25

		<del></del>	<del></del>								
Principal Plac	ce of Business	Maili	ng Address			-					
2300 JACKSON ST HOLLYWOOD FL 33020		8 OLD	C/O J DEGAGLIA 8 OLDFIELD CT GARNERVILLE NY 10923 US				) (241(L164)( <b>44</b> (()	ARRIN RIMA HARRI NAMA ANDAN AND	I 61811 81831 61	i <b>a</b> li alah idal	
2. Principal f	Place of Business		3. Mailing Address								
Suite, Apt	. #, etc.	s	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	c	City & State				I NUI AFFIRADEC III			applied For	
Zip Country		Z	ip	Cou	Country					\$8.75 Additional Fee Required	
	6. Name and Addres	s of Current Register	ed Agent	L			7. Name and Addre	ss of New Registered			
~ · 4° ~ ~	the state of the s				Name						
DE GAGLIA, JOANN 2300 JACKSON ST			Street Address			Iress (P.	(P.O. Box Number is Not Acceptable)				
APT. 12 HOLLYW	OOD FL 33020				City		·		Zip Co		
					Oity			FL	.   2,000	10	
the obligation of the obligati	e named entity submits this tions of registered agent.		·		ed office or reg			e State of Florida. 1 am	amiliar with	, and accept	
	FILE NOW: FEE IS \$	er z fr	9. Election Can Trust Fund C	Contribution		م ا	65.00 May Be added to Fees	Make Checl Florida Depar	tment of	State	
10.		ERS AND DIRECTORS		11.		AE	DDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS I		
NAME STREET ADDRESS CITY-ST-ZIP	STD DEGALIA, JOANN 8 OLDFIELD COURT GARNERVILLE NY 109		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNELLI, ANN 8 OLDFIELD CT GARNERVILLE NY		☐ Delete		l l				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE', FRANCOISE	QUEBEC.CAN	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
indicated of the cor	certify that the information on this report or supplementation or the receiver or or on an attachment with	ental report is true and trustee empowered to	accurate and that mexecute this report and like ambowered.	ny signati as require	ure shall have	e the sar	me legal effect as if n Florida Statutes; and t	nade under oath: that i a	m an officei	r or director - L	