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

DOCUMENT # 714714

1. Entity Name

CORONET CHATEAY CONDOMINIUM, INC.

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90247 040 ****61.25

				•								
Principal Place of Business 1710 MCKINLEY STREET HOLLYWOOD FL 33020 US		Mailing Address 1710 MCKINLEY STREET HOLLYWOOD FL 33020 US										
2. Principal F	Place of Busin	ess	3. Ma	iling Address								
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			Ci	City & State			4. FEI Number 59-1533600				oplied For	}
Zip Country			Zi	Cip Country			5. Certificate of Status Desired					1
	6. Name	and Address of Current	Register	ed Agent			7. Name and Add	ress of New Re	gistered A	gent		1
		•				Name						1
NORTON, BRIAN 1710 MCKINNEY ST				·		Street Address (P.O. Box Number is Not Acceptable)						1
#11												1
HOLLYWOOD FL 33020					City			FL	Zip Cod	е	1	
8. The above	named entity	submits this statement fo	r the purp	oose of changing its	register	I ed office or registe	ered agent, or both, in	the State of Flori	da. I am fa	niliar with,	and accept	1
_	tions of registi	ered agent.			-	_	-					
SIGNATURE .		or printed name of registered agent.	and title if ap	olicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE			
		16.										+
FILE MUW: FEE 15 MILZS			9. Election Can Trust Fund C			\$5.00 May Be Added to Fees		e Check Departi				
10		OFFICERS AND DIE			1 44		ADDITIONS (OLIANIS	FO TO OFFICER	AND OID	OTODO IN		4
TITLE	Р	OFFICERS AND DIF	RECTORS	Delete	11.	<u> </u>	ADDITIONS/CHANG	ES TO OFFICER		Croks in Change	Addition	1
NAME	CALABRO,	PAUL		□ Delete	NAM					change	Addition	8
STREET ADDRESS		NNEY ST #14				REET ADDRESS						15
CITY-ST-ZIP		OD FL 33020			CITY	-ST-ZIP			>.			8
TITLE	VP			☐ Delete	TITLE					Change	Addition	Į
NAME	POL, JOSE				NAM							1
STREET ADDRESS		NNEY ST #19				ET ADDRESS						
CITY-ST-ZIP		OD FL 33020			-	-ST-ZIP				_		-
TITLE	norton, i	RRIAN	* *==	- الآل Delete الم	TITLE		en ince	- Company of		Change	_ Addition	
NAME STREET ADDRESS		NNEY ST #11			NAM STRE	ET ADDRESS						
CITY-ST-ZIP		OD FL 33020				- ST-ZIP						
TITLE	S			☐ Delete	TITLE	:				Change	Addition	1
NAME	Garcia, a			_ build	NAM							
STREET ADDRESS		TH 19TH AVE			STRE	ET ADDRESS						
CITY-ST-ZIP		OD FL 33020			CITY	-ST-ZIP						
TITLE	D	MIDGINIA		☐ Delete	TITLE					☐ Change	☐ Addition	ĺ
NAME STREET ADDRESS	WILLIAMS,	VINGINIA NLEY ST #8		•	NAM	ì						
CITY-ST-ZIP		OD FL 33020		,		ET ADDRESS - ST- ZIP						
TITLE	D	. =-		☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME	DOBRIA, J				NAM	E				-		
STREET ADDRESS		NLEY STREET., #17				ET ADDRESS						
CITY-ST-ZIP	HULLYWO	OD FL 33020			CITY	-ST-ZIP						1
48		Contraction of the Contract Co	41-1-411	Alberta Control 100 C								

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

4/16/03 954 925-4947