

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715795** (1)
1. Corporation Name
12590 CORONADO TOWERS CONDOMINIUM, INC.



Principal Place of Business: **12590 N.E. 16 AVENUE NORTH MIAMI FL 33161**
Mailing Address: **12590 N.E. 16 AVENUE NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified: **12/31/1968**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1288731**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**SPELLMAN, SUMNER C.
12590 NE 16 AVE #302
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent
**81 Name: SHAPIRO, MYRA
82 Street Address (P.O. Box Number is Not Acceptable): 12590 NE 16 AVE # 307
83
84 City: N. Miami FL 85 Zip Code: 33161**

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 officer 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: **Myra Shapiro, SECRETARY** (NOTE: Registered Agent signature required when reinstating) DATE: **4/20/96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	T	<input type="checkbox"/>
NAME	FAVINO, CONNIE	
STREET ADDRESS	12590 NE 16TH AVE #511	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BRADLEY, JOAN	
STREET ADDRESS	12590 N.E. 16 AVE #203	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	BRADY, DAN	
STREET ADDRESS	12590 N.E. 16 AVE. #608	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MARSELLOS, GEORGE	
STREET ADDRESS	12590 N.E. 16 AVE. #310	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/>
NAME	SPELLMAN, SUMNER C	
STREET ADDRESS	12590 N.E. 16 AVE #302	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	X P	<input type="checkbox"/>
NAME	MCNAMARA, DENNIS	
STREET ADDRESS	12590 NE 16 AVE #609	
CITY-ST-ZIP	N MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	VP		
1.2 NAME	FAYE CHARENET		
1.3 STREET ADDRESS	12590 NE 16 AVE #501		
1.4 CITY-ST-ZIP	N. MIAMI, FL		
2.1 TITLE	D		
2.2 NAME	SILVA, JOE		
2.3 STREET ADDRESS	12590 NE 16 AVE #607		
2.4 CITY-ST-ZIP	N. MIAMI, FL		
3.1 TITLE	S		
3.2 NAME	SHAPIRO, MYRA		
3.3 STREET ADDRESS	12590 NE 16 AVE #307		
3.4 CITY-ST-ZIP	N. MIAMI, FL		
4.1 TITLE	D		
4.2 NAME	GODFREY, LEE		
4.3 STREET ADDRESS	12590 NE 16 AVE #602		
4.4 CITY-ST-ZIP	N. MIAMI, FL		
5.1 TITLE	P		
5.2 NAME	MCNAMARA, DENNIS		
5.3 STREET ADDRESS	12590 NE 16 AVE #609		
5.4 CITY-ST-ZIP	N. MIAMI, FL		
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Myra Shapiro, MYRA SHAPIRO, SECRETARY** DATE: **4/20/96** (305) DAYTIME PHONE #: **895-8713**

CR2E037 (12/95)