

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90198 035 ****61.25

DOCUMENT # 715795

1. Entity Name

12590 CORONADO TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

12590 N.E. 16 AVENUE
 NORTH MIAMI FL 33161

12590 N.E. 16 AVENUE
 NORTH MIAMI FL 33161-6021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1288731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOWMAN, FLORENCE
12590 N.E. 16TH AVE
APT. #201
NO. MIAMI FL 33161

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	T	<input type="checkbox"/> Delete
NAME	FAVINO, CONNIE	
STREET ADDRESS	12590 NE 16TH AVE #511	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASASNOVAS, EVELYN	
STREET ADDRESS	12590 NE 16TH AVE, #210	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTER, PHYLLIS	
STREET ADDRESS	12590 NE 16TH AVE, #606	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORRAN, JEAN M	
STREET ADDRESS	12590 N.E. 16TH AVE., #309	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'NEILL, THOMAS	
STREET ADDRESS	12590 NE 16TH AVE, #401	
CITY-ST-ZIP	N MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWMAN, FLORENCE	
STREET ADDRESS	12590 N.E. 16TH AVE., #201	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. HENRY TOM	
STREET ADDRESS	12590 NE 16 AV # 305	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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: *Florence Bowman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000 305-891-0983
 Date Daytime Phone #

CR2E037 (9/99)