


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 023 ****61.25

DOCUMENT # 715795

1. Entity 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

50066528



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

09022005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1288731

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

EDWARDS, JAMES
 12590 NW 16 AVE.
 #601
 NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name
 MYRA SHAPIRO

Street Address (P.O. Box Number is Not Acceptable)
 12590 NE 16 AVE #307

City NORTH MIAMI FL Zip Code 33161

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 Myra Shapiro, VICE PRESIDENT DATE 9/1/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LACK, IRA N	
STREET ADDRESS	12590 NE 16 AVE., #208	
CITY-ST-ZIP	N MIAMI, FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JAMES	
STREET ADDRESS	12590 NE 16 AVE., #601	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OWENS, MORAIMA	
STREET ADDRESS	12590 NE 16 AVE., #404	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOEKOEK, KANWA	
STREET ADDRESS	12590 NE 16 AVE., #211	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAMBURN, RENEE	
STREET ADDRESS	12590 NE 16 AVE., #501	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROLANTI, VINCENT	
STREET ADDRESS	12590 NE 16 AVE., #306	
CITY-ST-ZIP	MIAMI, FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIOS, FRANK	
STREET ADDRESS	12590 NE 16 AVE #409	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, MYRA	
STREET ADDRESS	12590 NE 16 AVE #307	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZERPINS, KOSTAS	
STREET ADDRESS	12590 NE 16 AVE #506	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, TOM	
STREET ADDRESS	12590 NE 16 AVE #305	
CITY-ST-ZIP	NORTH 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		

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: Myra Shapiro, MYRA SHAPIRO DATE 9/1/05 DAYTIME PHONE # 305-895-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR