


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90014 021 \*\*\*\*61.25

<b>DOCUMENT # 715795</b>							
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				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1288731			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHAPIRO, MYRA 12590 NW 16 AVE. #307 NORTH 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>RIOS, FRANK N</del>		NAME				
STREET ADDRESS	<del>12590 NE 16 AVE., #409</del>		STREET ADDRESS				
CITY-ST-ZIP	<del>MIAMI, FL 33161</del>		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAPIRO, MYRA		NAME				
STREET ADDRESS	12590 NE 16 AVE., #307		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZERPINS, KOSTAS		NAME				
STREET ADDRESS	12590 NE 16 AVE., #506		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY, TOM		NAME				
STREET ADDRESS	12590 NE 16 AVE., #305		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP				
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>TAMBORN, RENEE</del>		NAME	LEE GODFREY			
STREET ADDRESS	<del>12590 NE 16 AVE., #501</del>		STREET ADDRESS	12590 NE 16 AVE #602			
CITY-ST-ZIP	<del>MIAMI, FL 33161</del>		CITY-ST-ZIP	NORTH MIAMI, FL 33161			
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>ROLANTH VINCENT</del>		NAME				
STREET ADDRESS	<del>12590 NE 16 AVE., #306</del>		STREET ADDRESS				
CITY-ST-ZIP	<del>MIAMI, FL 33161</del>		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Myra Shapiro</i>		MYRA SHAPIRO		9/1/06 305-895-8713			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			