
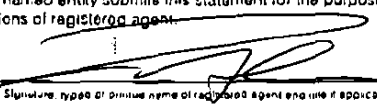


FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 016 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1288731		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07022007 Chg-NP CR2E037 (12/06)	
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: <u>RICHARD RUSSI</u> Street Address (P.O. Box Number is NOT Acceptable): <u>3100 NW 72 Avenue</u> <u>#120</u> City: <u>Miami</u> 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: 		DATE: <u>6/30/07</u>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: SHAPIRO, MYRA STREET ADDRESS: 12590 NE 16 AVE., #307 CITY-ST-ZIP: MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE: D. NAME: VIERA, ANGEL STREET ADDRESS: 12590 NE 16 AVE #610 CITY-ST-ZIP: NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: ZERMPINS, KOSTAS STREET ADDRESS: 12590 NE 16 AVE., #505 CITY-ST-ZIP: MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE: VP NAME: SERNA, HERNAN (LICHIE) STREET ADDRESS: 12590 NE 16 AVE #502 CITY-ST-ZIP: NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: HENRY, TOM STREET ADDRESS: 12590 NE 16 AVE., #305 CITY-ST-ZIP: MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE: D NAME: HENRY, TOM STREET ADDRESS: 12590 NE 16 AVE #305 CITY-ST-ZIP: NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GODFREY, LEE STREET ADDRESS: 12590 NE 16TH AVE SUITE 802 CITY-ST-ZIP: MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE: D NAME: RUSS, AMELIA STREET ADDRESS: 12590 NE 16 AVE #612 CITY-ST-ZIP: NORTH MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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 an attachment with an address, with all other like empowered			
SIGNATURE: <u>Myra Shapiro</u> PRESIDENT		DATE: <u>7/16/07</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Telephone Number: <u>305-895-8913</u>	