FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728043 (1)

1. Corporation Name
CORONADO ASSOCIATION TWO, INC.

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313	6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1973
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1666147 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUMMIT PROPERTY MANAGEMENT INC. 6289 W. SUNRISE BLVD. #202 SUNRISE FL 33313	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, Florida Statutes.

SIGNATURE: Audrey Bennett Audrey Bennett DATE: 4/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	PETRUZZELLI, FLORENCE	1.2 NAME		
STREET ADDRESS	260 JACARANDA DRIVE, 812	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, AUDREY	2.2 NAME		
STREET ADDRESS	250 JACARANDA DR. #210	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 00000	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	D	☑ Change ☐ Addition
NAME	RUBIN, DOROTHY	3.2 NAME		
STREET ADDRESS	250 JACARANDA DR #131	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 00000	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~WACHTER, PATRICIA~~	4.2 NAME	Dorothy Rubin	
STREET ADDRESS	~~250 JACARANDA DRIVE, 811~~	4.3 STREET ADDRESS	250 Jacaranda Dr., #405	
CITY-ST-ZIP	~~PLANTATION FL~~	4.4 CITY-ST-ZIP	Plantation, FL	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	BORCHERS, ALYN	5.2 NAME		
STREET ADDRESS	250 JACARANDA DR #708	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE	~~VD~~	6.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~BUYERS, PAUL~~	6.2 NAME	Mildred Van de Bogart	
STREET ADDRESS	~~250 JACARANDA DR #201~~	6.3 STREET ADDRESS	250 Jacaranda Drive, #402	
CITY-ST-ZIP	~~PLANTATION, FL 00000~~	6.4 CITY-ST-ZIP	Plantation, FL	

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)(i), 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: Audrey Bennett Audrey Bennett 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Daytime Phone #

000047