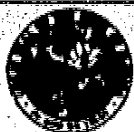


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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*

4/13/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **PETRUZZELLI, FLORENCE**
STREET ADDRESS **280 JACARANDA DRIVE, 812**
CITY-ST-ZIP **PLANTATION FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD**
NAME **BENNETT, AUDREY**
STREET ADDRESS **250 JACARANDA DR. #210**
CITY-ST-ZIP **PLANTATION, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DB**
NAME **RUBIN, DOROTHY**
STREET ADDRESS **250 JACARANDA DR #131**
CITY-ST-ZIP **PLANTATION, FL 00000**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **WAGHTER, PATRICIA**
STREET ADDRESS **250 JACARANDA DRIVE, 811**
CITY-ST-ZIP **PLANTATION FL**

4.1 TITLE **VP** ☒ Change ☐ Addition
4.2 NAME **Dorothy Rubin**
4.3 STREET ADDRESS **250 Jacaranda Dr., #405**
4.4 CITY-ST-ZIP **Plantation, FL**

TITLE **TD**
NAME **BORCHERS, ALYN**
STREET ADDRESS **250 JACARANDA DR #708**
CITY-ST-ZIP **PLANTATION FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VB**
NAME **BUYERS, PAUL**
STREET ADDRESS **250 JACARANDA DR #201**
CITY-ST-ZIP **PLANTATION, FL 00000**

6.1 TITLE **VP** ☒ Change ☐ Addition
6.2 NAME **Mildred Van de Bogart**
6.3 STREET ADDRESS **250 Jacaranda Drive, #402**
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)(b), 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 017, 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 SIGNING OFFICER OR DIRECTOR

(Title)

(Typed Name)