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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33313-6154

3. Date Incorporated or Qualified: 11/16/1973
3a. Date of Last Report: 07/30/1996

2. Principal Place of Business	2a. Mailing Address
21 c/o Summit Property Mgt.	26 c/o Summit Property Mgt
Suite, Apt. #, etc. 22 P.O. Box 18903	Suite, Apt. #, etc. 27 P.O. Box 18903
City & State 23 Plantation, FLA	City & State 28 Plantation, FLA
Zip 24 33318 Country 25 USA	Zip 29 33318 Country 30 USA

4. FEI Number: 59-1666147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT INC.
~~6289 W. SUNRISE BLVD. #202~~
~~SUNRISE FL 33313~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 4450 W. SUNRISE BLVD

83 C-100

84 City PLANTATION FL 85 Zip Code 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Gail H. Sangunett Gail H. Sangunett, V.P. - Administration 3/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	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	☑ DELETE	2.1 TITLE	PD	☐ Change ☑ Addition
NAME	GOLDMAN, SIDNEY		2.2 NAME	Charles, Dr. Nathan	
STREET ADDRESS	250 JACARANDA DR. #807		2.3 STREET ADDRESS	250 Jacaranda Dr., #603	
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAHAM, ART		3.2 NAME		
STREET ADDRESS	250 JACARANDA DR #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, DOROTHY		4.2 NAME		
STREET ADDRESS	250 JACARANDA DR #403		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLIFFORD, CAROL		5.2 NAME		
STREET ADDRESS	250 JACARANDA DR #206		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILDRED VAN DE BOGART		6.2 NAME		
STREET ADDRESS	250 JACARANDA DR #402		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Florence Petruzzelli 3/31/97