## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

ı	y	y	O

DOCUMENT #
1. Corporation Name

746067

(8)

## CORONET 300 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				* ****** **** **** **** ****	***** EBIT BIT! (	4:5:: 4:5:: 4:6:		resct @1917 1987			
300 CENTRAL		300 CENTRAL AVE.									
P.O. BOX 2751 ST PETERSBU		P.O. BOX 2751 St Petersburg Fl 33	3731								
OT TETERIODO	THE PERMIT	or recentions to w				3.	Date Incorporated of 02/26/1979	r Qualified	3a. Date of 02/2	Last F 2 <b>2/1</b> 9	
2. Principa! Pla	ce of Business	2a. Mailing Address				4.	FEI Number			$\vdash$	pplied For
21		26					59-1979420				lot Applicable
Suite, Apt. #	I, etc	Suite, Apt. #, etc.				5.	Certificate of Status	Desired	□ <b>\$</b>	-	Additional leguired
City & State		City & State					Election Campaign	Singnokacı			May Be
23		28				"	Trust Fund Contribu	-			I to Fees
Zip	Country	Zip	Cou	ntry		8.	This corporation has	<del></del>			
24	25	29	30				Florida Statutes		Yes 🗌 No		
	9. Name and Address of Curre	ent Registered Agent					. Name and Addres	s of New Re	gistered Ager	nt	
				81	Name	e					
	S, JACK Y.			82	Stree	et Address (P	.O. Box Number is N	ot Acceptable	<del>)</del>		
	AEL BLVD NE			83							
ST PETER	RSBURG FL 33704			83							
				84	City			<u>'</u>	FL 85	Zip	Code
11 Purcuant to	o the provisions of Sections 617.050	02 and 617 1508. Florida Statute	es the abo	WA-P	named i	corporation s	submits this statemen	t for the purp	ose of changin	a its re	oistered office
or registers	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was authoriz	red by the c	corp	oration'	's board of d	lirectors. I hereby acc	ept the appoi	ntment as regis	stered	agent. I am
	n, and accept the obligations of, se-	olion o moods, Fiorida statutes	э.								
SIGNATURE _	Signature, typed or printed name of registered age	ncard trestaplicade (NC	) It Registered	Aj-r	t signature	e /explined when r	enstating)		DATE		
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANG	SES TO OFFIC			
TITLE	PD	DOELETE	1 1 TI	TLE					□ Cr	ange	Addition
NAME	WILLIAMS, JAMES		1.2 N/	4ME							
STREET ADDRESS	455 RFAEL BLVD NE		1351	TAEET	ADDRESS	S					
C TY - ST - ZiP	ST. PETERSBURG FL	Floriere	1.4 (1)		T-ZIP		<u></u>		□ Cr	2000	Addition
JI'LF	TD	DELETE	2 1 TI			ļ				lange	Modition
NAME	MIELE, JOSEPH R 2200 COFFEE POT BLVD N	<b>.</b>	22 N		*DC:01.00						
STREET ADDRESS	ST. PETERSBURG FL	<u> </u>			ADDRESS	5					
CITY ST-ZIP TITLE	VD VD	DELETE	2 4 C		SI - ZIP	-			□ Cr	ange	Addition
NAMÉ	CROWE, LEWIS M.	<b>_</b>	3 2 N						-	ŭ	
STREET ADDRESS	226-23RD AVE., NE				ADDRESS	s					
CITY-ST-ZIP	ST. PETERSBURG FL				ST - ZIP						
TILLE		DELETE	411						Cr	nange	Addition
NAME			4 2 N	IAMÉ							
STREET ADDRESS			4.3 Si	TREET	ADDRESS	s					
DITY-ST-ZIP			44 C	ITY-S	T-ZIP						
TITLE		☐ DELETE	5 1 Ti	TLE					□ Ct	nange	☐ Addition
NAME			5 2 N								
STREET ADDRESS					ADDRESS	s					
C:TY - ST - ZIP		Decree			J - ZIP					22000	- Iddisc
tifuE		DELETE	6 1 Th						□ C:	iange	☐ Add-tion
NAME			62 N			.					
STREET ADDRESS					ADDRESS	is					
CITY-ST-ZIP	y certify that the information supplier	d with this filing is voluntarily fore			iT-ZIP s not a	ualify for the	exemption stated in	Section 119 C	7(3)(k). Florida	Statut	es. I further
1-1 100 10100	y contriguent and anomination outpoint		and rooped .			0000000000000	that my pionature of	all baug the c	ana lagat affor	t oc if	made under

4. 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)(k). 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 furstee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 changed, or on an attact ment with an address.

SIGNATURE:

WHATURE AND TYPED OR PRINTED NAME OF SIGNING SPFICER OR DIRECTOR

(813)894-7387

CRZE037 (12/95)