2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 746067

1. Entity Name
CORONET 300 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 CENTRAL AVE. SAINT PETERSBURG, FL 33701	P.O. BOX 2751 ST PETERSBURG, FL 33731

DO NOT WRITE IN THIS SPACE

07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1979420

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, JACK Y.
455 RAFAEL BLVD NE
ST PETERSBURG, FL 33704

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, JAMES
STREET ADDRESS	455 RFAEL BLVD NE
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	TD
NAME	MIELE, JOSEPH R
STREET ADDRESS	2200 COFFEE POT BLVD NE
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	SD
NAME	MIELE, CAROL
STREET ADDRESS	2200 COFFEE POT 131RD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/23/04-80002-011 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph R Miele 7/20/04 727-894-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #