

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 766797 (5)**

1. Corporation Name  
**CORONADO AT HIGHLAND BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3321 SO. OCEAN BLVD. HIGHLAND BEACH FL 33487</b>	Mailing Address <b>3321 SO. OCEAN BLVD. HIGHLAND BEACH FL 33487-2517</b>
--	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/01/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2255326</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TEDESCO & LANDIS PA  
COMPSON FINANCIAL CENTER  
980 N FEDERAL HWY  
BOCA RATON FL 33432**

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

*No change*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRAKAUER, VERA</b>	
STREET ADDRESS	<b>3400 S OCEAN BLVD</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LIPPMAN, MARTIN</b>	
STREET ADDRESS	<b>3400 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERKOWER, MORTON</b>	
STREET ADDRESS	<b>3420 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ELEFANT, PEARL</b>	
STREET ADDRESS	<b>3400 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SORRELLI, JOHN S</b>	
STREET ADDRESS	<b>3420 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>HIGHLAND BCH FL 33487</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DT ELEFANT, PEARL</b>
4.3 STREET ADDRESS	<b>3400 S. OCEAN BLVD</b>
4.4 CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DS CHARLES COHN</b>
6.3 STREET ADDRESS	<b>3400 S. OCEAN BLVD</b>
6.4 CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>

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: \_\_\_\_\_ SIGNATURE REQUIRED *Vera Krakauer* **4-30-97**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CR2E037 (9/96)