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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 766797

1. Corporation Name

CORONADO AT HIGHLAND BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3321 SO. OCEAN BLVD.
 HIGHLAND BEACH FL 33487

Mailing Address

3321 SO. OCEAN BLVD.
 HIGHLAND BEACH FL 33487



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/01/1983

4. FEI Number

59-2255326

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANOSTARIO, PAUL	
2.3 STREET ADDRESS	3420 S. OCEAN BLVD	
2.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM MALTZ	
3.3 STREET ADDRESS	3420 S. OCEAN BLVD	
3.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input checked="" 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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

John Sorrelli
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)