

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**  
 05-30-2000 90073 044 \*\*\*\*61.25

**DOCUMENT # 766797**

1. Entity Name

**CORONADO AT HIGHLAND BEACH CONDOMINIUM ASSOCIATI**

Principal Place of Business

3321 SO. OCEAN BLVD.  
 HIGHLAND BEACH FL 33487

Mailing Address

3321 SO. OCEAN BLVD.  
 HIGHLAND BEACH FL 33487-2517

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2255326**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 434

City

FL

Zip Code

**33432**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **DS** ☐ Delete  
 NAME **KRAKAUER, VERA**  
 STREET ADDRESS **3400 S OCEAN BLVD**  
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **DV** ☐ Delete  
 NAME **ANOSTARIO, PAUL**  
 STREET ADDRESS **3420 S OCEAN BLVD**  
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **D** ☒ Delete  
 NAME **MALTZ, WILLIAM**  
 STREET ADDRESS **3420 S OCEAN BLVD**  
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **DT** ☐ Delete  
 NAME **ELEFANT, PEARL**  
 STREET ADDRESS **3400 S. OCEAN BLVD.**  
 CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE **DP** ☐ Delete  
 NAME **SORRELLI, JOHN S**  
 STREET ADDRESS **3420 S. OCEAN BLVD**  
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **CHARLES COHN**  
 CITY-ST-ZIP **3400 S. OCEAN BLVD**  
**HIGHLAND BEACH FL 33487**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-00 362 278-8800**

CF 1 0017 19493