

**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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2255326**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Steven D. Rubin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**980 North Federal Hwy  
 Suite 434**  
 City **Boca Raton** 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]*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **5/15/00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	KRAKAUER, VERA	
STREET ADDRESS	3400 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ANOSTARIO, PAUL	
STREET ADDRESS	3420 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALTZ, WILLIAM	
STREET ADDRESS	3420 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT              CHARLES COHN</b>	
STREET ADDRESS	<b>3400 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>HIGHLAND BEACH FL 33487</b>	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

CF 1 0617 (9/99)