

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715795 (1)

1. Corporation Name

12590 CORONADO TOWERS CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

**12590 N.E. 16 AVENUE
NORTH MIAMI FL 33161**

**12590 N.E. 16 AVENUE
NORTH MIAMI FL 33161**

3. Date Incorporated or Qualified
12/31/1968

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPELLMAN, SUMNER C.
12590 NE 16 AVE #302
N. MIAMI FL 33161**

81 Name **SHAPIRO, MYRA**

82 Street Address (P.O. Box Number is Not Acceptable)
12590 NE 16 AVE #307

83

84 City **N. Miami**

FL

85 Zip Code **33161**

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 officer 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 **MYRA SHAPIRO, SECRETARY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	FAVINO, CONNIE	
STREET ADDRESS	12590 NE 16TH AVE #511	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, JOAN	
STREET ADDRESS	12590 N.E. 16 AVE #203	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, DAN	
STREET ADDRESS	12590 N.E. 16 AVE. #608	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSELLOS, GEORGE	
STREET ADDRESS	12590 N.E. 16 AVE. #310	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SPELLMAN, SUMNER C	
STREET ADDRESS	12590 N.E. 16 AVE #302	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	XP	<input type="checkbox"/> DELETE
NAME	MCMANARA, DENNIS	
STREET ADDRESS	12590 NE 16 AVE #609	
CITY-ST-ZIP	N MIAMI FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FAVE CHARENET	
1.3 STREET ADDRESS	12590 NE 16 AVE #501	
1.4 CITY-ST-ZIP	N. MIAMI, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SILVA, JOE	
2.3 STREET ADDRESS	12590 NE 16 AVE #607	
2.4 CITY-ST-ZIP	N. MIAMI, FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHAPIRO, MYRA	
3.3 STREET ADDRESS	12590 NE 16 AVE #307	
3.4 CITY-ST-ZIP	N. MIAMI, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOFFREY, LEE	
4.3 STREET ADDRESS	12590 NE 16 AVE #602	
4.4 CITY-ST-ZIP	N. MIAMI, FL	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCMANARA, DENNIS	
5.3 STREET ADDRESS	12590 NE 16 AVE #609	
5.4 CITY-ST-ZIP	N. MIAMI, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

MYRA SHAPIRO, SECRETARY

4/20/96

895-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)