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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728043** (1)

1. Corporation Name

CORONADO ASSOCIATION TWO, INC.



Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313	6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313-6154

3. Date Incorporated or Qualified 11/16/1973	3a. Date of Last Report 07/30/1996
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2. Principal Place of Business	2a. Mailing Address
21 46 SUMMIT PROPERTY MGMT.	26 46 SUMMIT PROPERTY MGMT.
Suite, Apt. #, etc. P.O. BOX 189013	Suite, Apt. #, etc. P.O. BOX 189013
City & State PLANTATION, FLA	City & State PLANTATION, FLA
Zip 33318	Country USA
25 USA	29 33318
30 USA	

4. FEI Number 59-1666147	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
SUMMIT PROPERTY MANAGEMENT INC. 6289 W. SUNRISE BLVD. #202 SUNRISE FL 33313	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4450 W. SUNRISE BLVD
83	C-100
84 City	PLANTATION
85 State	FL
86 Zip Code	33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Gail H. Sangunett* **Gail H. Sangunett, V.P. - Administration** 3/31/97
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	☐ DELETE
NAME	TD PETRUZZELLI, FLORENCE
STREET ADDRESS	260 JACARANDA DRIVE, 812
CITY-ST-ZIP	PLANTATION FL
TITLE	☒ DELETE
NAME	PD GOLDMAN, SIDNEY
STREET ADDRESS	250 JACARANDA DR. #807
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	☐ DELETE
NAME	D LAHAM, ART
STREET ADDRESS	250 JACARANDA DR #104
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	☐ DELETE
NAME	VD RUBIN, DOROTHY
STREET ADDRESS	250 JACARANDA DR #403
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	☐ DELETE
NAME	D CLIFFORD, CAROL
STREET ADDRESS	250 JACARANDA DR #206
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	☐ DELETE
NAME	SD MILDRED VAN DE BOGART
STREET ADDRESS	250 JACARANDA DR #402
CITY-ST-ZIP	PLANTATION FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	PD Charles, Dr. Nathan
2.3 STREET ADDRESS	250 Jacaranda Dr., #603
2.4 CITY-ST-ZIP	Plantation, FL 33324
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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 *Florence Petruzzelli* **Florence Petruzzelli** 3/31/97

CR2E037 (9/96)