

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

~~CORONADO ASSOCIATION TWO, INC.~~
P.O. BOX X189013
PLANTATION FL 33318
US

~~CORONADO ASSOCIATION TWO, INC.~~
P.O. BOX 189013
PLANTATION FL 33318
US

2. Principal Place of Business

2a. Mailing Address

21 **CASTLE GROUP**

26 **CASTLE GROUP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/16/1973

4. FEI Number

59-1666147

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

CASTLE PROPERTY SERVICE GROUP INC.

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]

Vice President - Administration

3/16/98

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETRUZZELLI, FLORENCE	
STREET ADDRESS	260 JACARANDA DRIVE, 812	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHARLES, DR. NATHAN	
STREET ADDRESS	250 JACARANDA DR., #603	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAHAM, ART	
STREET ADDRESS	250 JACARANDA DR #104	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, DOROTHY	
STREET ADDRESS	250 JACARANDA DR #403	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLIFFORD, CAROL	
STREET ADDRESS	250 JACARANDA DR #206	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Prud'homme, J.P.
1.3 STREET ADDRESS	250 Jacaranda Dr. #608
1.4 CITY-ST-ZIP	Plantation, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Travers, Ruth
4.3 STREET ADDRESS	250 Jacaranda Dr. #101
4.4 CITY-ST-ZIP	Plantation, FL 33324
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
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.

[Signature] **MILDRED VAN DE BOGART**
3/23/98 **954-473-1498**

CR2E037 (10/97)