

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 016 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 715795					
1. Entity Name 12590 CORONADO TOWERS CONDOMINIUM, INC.					
Principal Place of Business 12590 N.E. 16 AVENUE NORTH MIAMI, FL 33161			Mailing Address 12590 N.E. 16 AVENUE NORTH MIAMI, FL 33161		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1288731	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHAPIRO, MYRA 12590 NW 16 AVE. #307 NORTH MIAMI, FL 33161				7. Name and Address of New Registered Agent Name: <u>RICHARD RUSSI</u> Street Address (P.O. Box Number is Not Accepted): <u>3100 NW 72 Avenue</u> City: <u>Miami</u> State: <u>FL</u> Zip Code: <u>33127</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when changing)					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: ☒		\$5.00 May Be Added to Fees	
Make check payable to Fl. State Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME		STREET ADDRESS	
NAME	SHAPIRO, MYRA	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE	ST	NAME		STREET ADDRESS	
NAME	ZERMPINS, KOSTAS	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE	VP	NAME		STREET ADDRESS	
NAME	HENRY, TOM	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE	D	NAME		STREET ADDRESS	
NAME	GODFREY, LEE	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE		NAME		STREET ADDRESS	
NAME		CITY-STATE-ZIP			
TITLE		NAME		STREET ADDRESS	
NAME		CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	NAME		STREET ADDRESS	
NAME	VIERA, ANGEL	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE	VP	NAME		STREET ADDRESS	
NAME	BERNA, HERNAN (LICHIE)	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE	D	NAME		STREET ADDRESS	
NAME	HENRY, TOM	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE	D	NAME		STREET ADDRESS	
NAME	RUSS, AMELIA	CITY-STATE-ZIP		MIAMI, FL 33161	
TITLE		NAME		STREET ADDRESS	
NAME		CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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: <u>Myra Shapiro</u> PRESIDENT <u>Myra Shapiro</u> 7/16/07 305-895-8913					