

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715795

**Entity Name:** 12590 CORONADO TOWERS CONDOMINIUM, INC.

**Current Principal Place of Business:**

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

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**1948729638CC**

**Current Mailing Address:**

C/O CARLOS F. MARTIN, ESQ.  
2525 PONCE DE LEON BOULEVARD SUITE 300  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-1288731

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTIN, CARLOS F  
C/O CARLOS F. MARTIN, ESQ.  
2525 PONCE DE LEON BOULEVARD SUITE 300  
CORAL GABLES, FL 33134 US

*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:** CARLOS MARTIN

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VILLOTA, ASTRID  
Address        12590 NE 16TH AVE  
                  APT 402  
City-State-Zip: NORTH MIAMI FL 33161

Title            TREASURER  
Name            SHAPIRO, MYRA  
Address        12590 NE 16TH AVE  
                  APT 307  
City-State-Zip: NORTH MIAMI FL 33161

Title            SECRETARY  
Name            SHMUELS, ZAYRA V  
Address        12590 NE 16TH AVE  
                  APT 605  
City-State-Zip: NORTH MIAMI FL 33161

Title            DIRECTOR  
Name            DOWNEY, SWEDIE V.  
Address        12590 NE 16TH AVE  
                  APT 204  
City-State-Zip: NORTH MIAMI FL 33161

Title            DIRECTOR  
Name            MONTES DE OCA , DENIS  
Address        12590 NE 16 AVE  
                  APT 406  
City-State-Zip: NORTH MIAMI FL 33161

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** VILLOTA , ASTRID

**PRESIDENT**

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date