


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90138 049 ****61.25

DOCUMENT # 704578
 1. Entity Name
 CORONET VILLA APARTMENTS, INC.



Principal Place of Business
 2300 JACKSON ST
 HOLLYWOOD, FL 33020

Mailing Address
 C/O J DEGAGLIA
 8 OLDFIELD CT
 GARNERVILLE, NY 10923 US



07032006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 DE GAGLIA, JOANN
 2300 JACKSON ST
 APT: 12
 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEGALIA, JOANN 8 OLDFIELD COURT GARNERVILLE, NY 10923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINTAMDI, ROSARIO 8 LAUREL DRIVE STONY PT STONY POINT, NY 10980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTE, FRANCOISE 1400 LOUISE ST ST FRANCAIS-LAVAL QUEBEC, CAN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUELI, MARIA 11630 PIERRE BAILLARGEON MONTREAL, CN hie425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTLAND, PHILIP 37 KAREN LANE DEPEW, NY 14043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joann De Gaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/06 845-429-0703
Date Daytime Phone