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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90016 023 \*\*\*\*61.25

**DOCUMENT # 711341**

1. Corporation Name

**CORONET ISLE CONDOMINIUM, INC.**

Principal Place of Business

C/O JOAN KICERA  
2215 JACKSON ST. APT. 7  
HOLLYWOOD FL 33020  
US

Mailing Address

C/O JOAN KICERA  
2215 JACKSON ST. APT. 7  
HOLLYWOOD FL 33020  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/15/1966

4. FEI Number

59-1231870

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

9. Name and Address of Current Registered Agent

KICERA, JOAN  
2215 JACKSON ST  
APT. 7  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME MCMANON, ALYCE  
STREET ADDRESS 2215 JACKSON ST, #5  
CITY-ST-ZIP HOLLYWOOD, FL 00000 33020

TITLE D  
NAME DEANDREA, STELLA  
STREET ADDRESS 2215 JACKSON ST., SUITE 3  
CITY-ST-ZIP HOLLYWOOD, FL 00000 33020

TITLE STD  
NAME KICERA, JOAN  
STREET ADDRESS 2215 JACKSON ST, APT. 7  
CITY-ST-ZIP HOLLYWOOD, FL 00000 33020

TITLE D  
NAME QUELLET, LUCIE N  
STREET ADDRESS 2215 JACKSON ST, APT 9  
CITY-ST-ZIP HOLLYWOOD, FL 00000 33020

TITLE VP  
NAME MCMAHON, ROBERT  
STREET ADDRESS 2215 JACKSON ST., SUITE 2  
CITY-ST-ZIP HOLLYWOOD, FL 00000 33020

TITLE D  
NAME DE ANDERA, STILLA  
STREET ADDRESS 2215 JACKSON ST, APT. 3  
CITY-ST-ZIP HOLLYWOOD FL 33020

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

D John Stellato  
2215 Jackson St.  
HOLLYWOOD, FL 33020 #11

D JOAN KICERA  
2215 Jackson St.  
HOLLYWOOD FL 33020 #7

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 954-920-7617