

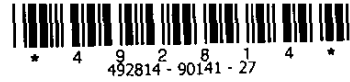
FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90141 027 ****61.25

0021820

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720543					
1. Corporation Name CORONET HAVEN CONDOMINIUM, INC.					
Principal Place of Business 2236 JACKSON ST HOLLYWOOD FL 33020 US			Mailing Address 2236 JACKSON ST #6 HOLLYWOOD FL 33020 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1971	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1416051	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENEGAZZO, DORIS 2236 JACKSON STREET SUITE 6 HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	PITASSI, MARY			1.2 NAME			
STREET ADDRESS	2236 JACKSON ST SUITE 1			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33000			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	CUMMINS, AIDAN			2.2 NAME			
STREET ADDRESS	2236 JACKSON ST., #7			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	AUCLAIR, CHRISTINE			3.2 NAME			
STREET ADDRESS	2236 JACKSON ST., #4			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	BERTHOLD, HEINZ			4.2 NAME			
STREET ADDRESS	2236 JACKSON STREET #3			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	MENEGAZZO, DORIS			5.2 NAME			
STREET ADDRESS	2236 JACKSON ST SUITE 6			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)