

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 724946					
1. Corporation Name CORONADO CONDOMINIUM ASSOC INC					
Principal Place of Business 20301 W. COUNTRY CLUB DRIVE NORTH MIAMI BEACH FL 33180			Mailing Address 20301 W. COUNTRY CLUB DRIVE NORTH MIAMI BEACH FL 33180		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2753710	
22	City & State	27	City & State	Applied For ☐ Not Applicable	
23	Zip	28	Country	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			
FELDMAN, MICHAEL K (ESQ) 1135 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GROSSMAN, EMANUEL	1.2 NAME	
STREET ADDRESS	20301 W COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, MILTON	2.2 NAME	
STREET ADDRESS	20301 W COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, MARTIN	3.2 NAME	
STREET ADDRESS	20301 W COUNTRY CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	BOHEN, MORRIS	4.2 NAME	
STREET ADDRESS	20301 W COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, LARRY	5.2 NAME	
STREET ADDRESS	20301 W COUNTRY CLUB DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	ZUCKER, ELIHU	6.2 NAME	
STREET ADDRESS	20301 W COUNTRY CLUB DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BCH FL	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037- (11/98)