

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724946

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2753710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, MICHAEL K (ESQ)
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, EMANUEL 20301 W COUNTRY CLUB DR NO MIAMI BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, MILTON 20301 W COUNTRY CLUB DR NO MIAMI BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, MARTIN 20301 W COUNTRY CLUB DR NO MIAMI BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOHEN, MORRIS 20301 W COUNTRY CLUB DR NO MIAMI BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, LARRY 20301 W COUNTRY CLUB DR NO MIAMI BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZUCKER, ELIHU 20301 W COUNTRY CLUB DR NO MIAMI BCH FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90137 031 ****61.25

00060420



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)