FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732701 (8)

1. Corporation Name

CORONET HILLS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2303 POLK STREET HOLLYWOOD FL 33020	2303 POLK STREET HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 05/07/1975
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1711127 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORSO, MARGARET
2303 POLK ST., #108
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: DOLORES CAMARRA
82 Street Address (P.O. Box Number is Not Acceptable): 2303 POLK St. Apt. 111
83
84 City: Hollywood, FL 85 Zip Code: 33020

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: Dolores M. Camarra Dolores M. CAMARRA (SECRETARY) DATE: 2/13/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	SECRETARY -SD-	☐ Change ☒ Addition
NAME	STANISCIA, TERRY		1.2 NAME	Dolores M. CAMARRA	
STREET ADDRESS	2304 TAYLOR ST #2		1.3 STREET ADDRESS	2303 Polk St. Apt. 111	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood, FL. 33020	
TITLE	VPD	☐ DELETE	2.1 TITLE	PRESIDENT -PD-	☒ Change ☐ Addition
NAME	CAMARRA, BIAGIO		2.2 NAME	BIAGIO CAMARRA	
STREET ADDRESS	2303 POLK ST #106		2.3 STREET ADDRESS	2303 Polk St. Apt. 111	
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2.4 CITY-ST-ZIP	Holly Wood, FL. 33020	
TITLE	D	☐ DELETE	3.1 TITLE	VICE PRESIDENT - VPD-	☒ Change ☐ Addition
NAME	DI BONA, JOSEPHINE		3.2 NAME	Josephine DiBona	
STREET ADDRESS	2302 POLK ST #105		3.3 STREET ADDRESS	2303 Polk St. Apt. 105	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Holly Wood, FL. 33020	
TITLE	PD	☒ DELETE	4.1 TITLE	DIRECTOR - D-	☐ Change ☒ Addition
NAME	PISANI, ARTIE		4.2 NAME	ANNA MACHWITZ	
STREET ADDRESS	2304 TAYLOR ST #4		4.3 STREET ADDRESS	2303 Polk St. Apt. 206	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	Hollywood, FL. 33020	
TITLE	STD	☐ DELETE	5.1 TITLE	TREASURER - TD-	☒ Change ☐ Addition
NAME	CORSO, MARGARET		5.2 NAME	MARGARET CORSO	
STREET ADDRESS	2303 POLK ST #108		5.3 STREET ADDRESS	2303 Polk St. Apt. 108	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	Holly Wood, FL. 33020	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	800001758568	
STREET ADDRESS			6.3 STREET ADDRESS	-03/26/96--01165--022	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Dolores M. Camarra Dolores M. CAMARRA (SECRETARY) 2/13/96 (954)923-1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SC 3-26-96