

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 # **738401** (9)

1. Corporation Name

CORONADO SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

**20301 WEST COUNTRY CLUB DRIVE
NORTH MIAMI BCH FL 33180
Aventura, Fl. 33180**

**20301 WEST COUNTRY CLUB DRIVE
NORTH MIAMI BCH FL 33180
Aventura, Fl. 33180**

3. Date Incorporated or Qualified
03/18/1977

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

**Aventura, Fl.
Zip 33180 Country**

**Aventura, Fl.
Zip 33180 Country**

4. FEI Number

59-1721948

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

10. Name and Address of New Registered Agent

**TYE, HELEN S.
20379 WEST COUNTRY CLUB DRIVE
NORTH MIAMI BCH FL 33180
Aventura, Fl. 33180**

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

Helen S. Tye

(NOTE: Registered Agent signature required when reinstating)

Feb. 1, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDLANDER, HERBERT	
STREET ADDRESS	20379 W. COUNTRY CL. DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANISH, CLARA	
STREET ADDRESS	20301 W COUNTRY CLUB DR	
CITY-ST-ZIP	N MIAMI BCH FL Aventura, Fl. 33180	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TYE, HELEN	
STREET ADDRESS	20379 W. COUNTRY CLUB DR	
CITY-ST-ZIP	N MIAMI BCH, FL 00000 Aventura, Fl. 33180	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JACK	
STREET ADDRESS	20335 W COUNTRY CLUB DR	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMOLEN, JOSEPH	
STREET ADDRESS	20335 W CONTRY CLUB DR	
CITY-ST-ZIP	N MIAMI BCH FL Aventura, Fl. 33180	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANKIN, ETHEL	
STREET ADDRESS	20301 W. COUNTRY CLUB DR.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jane Mazur	
1.3 STREET ADDRESS	20379 W. Country Cl. Dr.	
1.4 CITY-ST-ZIP	Aventura, Fl. 33180	
2.1 TITLE	vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Florence Esformes	
2.3 STREET ADDRESS	20301 W. Country Cl. Dr.	
2.4 CITY-ST-ZIP	Aventura, Fl. 33180	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lee Gorman	
4.3 STREET ADDRESS	20379 W. Country Cl. Dr	
4.4 CITY-ST-ZIP	Aventura, Fl. 33180	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Helen S. Tye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 1996

Date

305-931-6483

Daytime Phone

CR2E037 (12/95)