

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
AVENTURA FL 33180
US**

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AVENTURA FL 33180
US**

FILED
Aug 13 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

03/18/1977

4. FEI Number

59-1721948

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TYE, HELEN S.
20379 WEST COUNTRY CLUB DRIVE
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name **GROSSHANDLER MAURICE**
82 Street Address (P.O. Box Number is Not Acceptable)
20335 WEST COUNTRY CLUB DR. # 709
83
84 City **AVENTURA** FL 85 Zip Code **33180**

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

Maurice Grosshandler

(NOTE: Registered Agent signature required when reinstating)

8/5/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
P	GORDON, GEORGE	<input type="checkbox"/>
NAME	20335 W COUNTRY CLUB DR, APT 405	
STREET ADDRESS	AVENTURA FL	
CITY-ST-ZIP		
D	ESFORMES, FLORENCE	<input type="checkbox"/>
NAME	20301 W. COUNTRY CLUB DRIVE	
STREET ADDRESS	AVENTURA FL	
CITY-ST-ZIP		
T	TYE, HELEN	<input checked="" type="checkbox"/>
NAME	20379 W. COUNTRY CLUB DR	
STREET ADDRESS	AVENTURA FL	
CITY-ST-ZIP		
D	GORMAN, LEE	<input type="checkbox"/>
NAME	20379 W. COUNTRY CLUB DRIVE	
STREET ADDRESS	AVENTURA FL	
CITY-ST-ZIP		
D	SMOLEN, JOSEPH	<input type="checkbox"/>
NAME	20335 W CONTRY CLUB DR	
STREET ADDRESS	AVENTURA FL	
CITY-ST-ZIP		
V	KLOMPUS, HERB	<input type="checkbox"/>
NAME	20335 W COUNTRY CLUB DR, APT 1801	
STREET ADDRESS	AVENTURA FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Maurice Grosshandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/98 305-932-8750
Date Daytime Phone #

CR2E037 (5/98)