


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90032 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 754550
 1. Corporation Name
CORONET GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 2245 FILLMORE STREET HOLLYWOOD FL 33020
 Mailing Address: 2245 FILLMORE STREET HOLLYWOOD FL 33020



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified	10/08/1980
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	4. FEI Number	59-2237925
23	City & State	27	City & State	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAKER, GEORGE 2245 FILLMORE ST. #7 HOLLYWOOD FL 33020		81 Name	CARLOS CALDERON
		82 Street Address (P.O. Box Number is Not Acceptable)	2245 FILLMORE ST. APT. #2
		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: *Carlos Calderon* CARLOS Calderon President. DATE: 3/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	DEMATTEIS, MARGARET	1.2 NAME	CALDERON, ILEANA
STREET ADDRESS	2245 FILLMORE ST. #5	1.3 STREET ADDRESS	2245 FILLMORE ST. #2
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL.
TITLE	VD	2.1 TITLE	VD
NAME	NOBILE, ANGELO	2.2 NAME	NOBILE, ANGELO
STREET ADDRESS	2245 FILLMORE #3	2.3 STREET ADDRESS	2245 FILLMORE ST. #3
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL.
TITLE	TD	3.1 TITLE	TD
NAME	MAKER, SHARON	3.2 NAME	FRANCOISE, BARBERA
STREET ADDRESS	2245 FILLMORE ST. #7	3.3 STREET ADDRESS	2245 FILLMORE ST. #7
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD FL.
TITLE	PD	4.1 TITLE	PD
NAME	MAKER, GEORGE	4.2 NAME	CALDERON, CARLOS
STREET ADDRESS	2245 FILLMORE ST. #7	4.3 STREET ADDRESS	2245 FILLMORE ST. #2
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD FL.
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Carlos Calderon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/19/99 (954) 922-3125 Daytime Phone #

CR2E037 (1/198)