


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90059 023 \*\*\*\*61.25

<b>DOCUMENT # 754550</b>					
1. Entity Name CORONET GLEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2245 FILLMORE STREET HOLLYWOOD, FL 33020			Mailing Address DNS PROPERTY MANAGEMENT, INC. 4350 S.W. 59 AVE, BLDG A DAVIE, FL 33314		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2237925	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUZMAN, ROSALINA MS 2245 FILLMORE ST APT 8 HOLLYWOOD, FL 33020			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>ROSALINA GUZMAN</i>		<i>Rosalina Guzman</i>		DATE <i>04-11-08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESUALDO, LOUIS		NAME		
STREET ADDRESS	2245 FILLMORE ST APT #6		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ROSALINA SD		NAME		
STREET ADDRESS	2245 FILLMORE ST APT 8		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCUR, LUIS		NAME		
STREET ADDRESS	2245 FILLMORE ST APT 5		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ROSALINA		NAME		
STREET ADDRESS	2245 FILLMORE STREET APT 8		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Louis R. Gesualdo</i>		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>Rosalina Guzman</i>					