

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 039 ****61.25

DOCUMENT # 754550

1. Entity Name
CORONET GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2245 FILLMORE STREET
HOLLYWOOD, FL 33020

Mailing Address
2245 FILLMORE STREET
HOLLYWOOD, FL 33020

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2237925

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CALDERON, CARLOS
2245 FILLMORE ST
APT #2
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name **Yvonne OPEBIYI**
Street Address (P.O. Box Number Is Not Acceptable)
2245 Fillmore Street
Apt. #3
City **Hollywood** FL Zip Code **33020**

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 *Yvonne Opebiyi* DATE 4/22/03
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when signing)

FILE NOW FEE IS \$01.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD SILVAUELE, MICKEY 2245 FILLMORE ST #4 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Louis Gesualdo 2245 fillmore st - Apt #6 Hollywood fl. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDERON, CARLOS 2245 FILLMORE ST, #2 HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yvonne OPEBIYI 2245 fillmore st Apt #3 Hollywood fl. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9D SILVAROLE, MICKEY 2245 FILLMORE ST #4 HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Anibal Borrero 2245 fillmore st. Apt #4 Hollywood fl. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALDERON, ILEANA 2245 FILLMORE ST #2 HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Yvonne Opebiyi* DATE 4/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/02)