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ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***130.00 ***130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 766797 (5)

CORONADO AT HIGHLAND BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 3321 SO. OCEAN BLVD. HIGHLAND BEACH FL 33487
Mailing Address: 3321 SO. OCEAN BLVD. HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified: 02/01/1983
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2255326
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: BECKER & POLIAKOFF, P.A. 450 AUSTRALIAN AVE SOUTH 17TH FLOOR WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KARZMAR, MARTIN
STREET ADDRESS	3400 S. OCEAN
CITY-ST-ZIP	HIGHLAND BEACH FL
TITLE	DAS
NAME	COLARULLO, FRANK
STREET ADDRESS	3420 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND FL
TITLE	DT
NAME	BERKOWER, MORTON
STREET ADDRESS	3420 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL
TITLE	DV
NAME	DEMARCO, JOHN
STREET ADDRESS	3400 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH FL
TITLE	DV
NAME	GOLDFARB, LEONARD
STREET ADDRESS	3400 S. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH FL
TITLE	DS
NAME	SKALKY, ARNOLD
STREET ADDRESS	3420 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D President - Dir <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peter Johnson
1.3 STREET ADDRESS	3420 S. OCEAN BLVD.
1.4 CITY-ST-ZIP	HIGHLAND BEACH FL. 33487
2.1 TITLE	D Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELLIS ROBINSON
2.3 STREET ADDRESS	3400 S. OCEAN BLVD
2.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487
3.1 TITLE	D TREASURER - Dir <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORTON BERKOWER
3.3 STREET ADDRESS	3420 S. OCEAN BLVD
3.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487
4.1 TITLE	D SECRETARY - Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VERA KRAKALEK
4.3 STREET ADDRESS	3400 S. OCEAN BLVD
4.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
5.1 TITLE	D Director (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN DEMARCO
5.3 STREET ADDRESS	3400 S. OCEAN BLVD.
5.4 CITY-ST-ZIP	HIGHLAND BEACH, FL. 33487
6.1 TITLE	D Director (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRANK COLARULLO
6.3 STREET ADDRESS	3420 S. OCEAN BLVD
6.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487

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)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE: Peter Johnson
DATE: 2-20-95
278-8800