

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90166 004 ***150.00

0513964

DOCUMENT # N07000007240

1. Entity Name

CORONADO ESTATES OF BOYNTON BEACH HOMEOWNERS ASS

Principal Place of Business

**5476 GRANDE PALM CIR.
 DELRAY BEACH FL 33484**

Mailing Address

**5476 GRANDE PALM CIR.
 DELRAY BEACH FL 33484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDEN, SANDRA
 5476 GRANDE PALM CIR.
 DELRAY BEACH FL 33484**

Name

Green Life Prop Mgmt.

Street Address (P.O. Box Number is Not Acceptable)

141 NW 20th St - Suite F-2

City

Boca Raton

FL

Zip Code
33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	ANDEN, SANDRA	
STREET ADDRESS	5476 GRANDE PALM CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	☐ Delete
NAME	ANDEN, JERRY	
STREET ADDRESS	5476 GRANDE PALM CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	☐ Delete
NAME	MASSEY, KATHLEEN	
STREET ADDRESS	5476 GRANDE PALM CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	☒ Change ☐ Addition
NAME	Jerry Anden	
STREET ADDRESS	5476 Grande Palm Circle	
CITY-ST-ZIP	Delray Bch Flg 33484	
TITLE	D	☒ Change ☐ Addition
NAME	John M. Bellafatto	
STREET ADDRESS	141 NW 20th St Suite F-2	
CITY-ST-ZIP	Boca Raton Flg - 33431	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John M. Bellafatto** **John M. Bellafatto**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
 Date

561-239-8309
 Daytime Phone #

CR2E034 (10/00)