

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90392 035 ***150.00

DOCUMENT # N07000007240

1. Entity Name

CORONADO ESTATES OF BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**Greenlite Prop Mgmt
 5500 NW 2nd Ave (off)
 Boca Raton
 FL 33487**

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

**GREENLITE PROP MGMT.
 141 NW 20TH STREET
 STE F-2
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Greenlite Prop Mgmt

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

5500 NW 2nd Ave (office)

City

Boca Raton

FL

Zip Code

33487

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

John M. Belloyatto Pres

Signature, typed or printed name of registered agent and title (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, 2002 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

TITLE **P** ☐ Delete
 NAME **ANDEN, JERRY**
 STREET ADDRESS **5476 GRANDE PALM CIR.**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** ☐ Delete
 NAME **BELLOYATTO, JOHN M**
 STREET ADDRESS **141 NW 20TH STREET STE F-2**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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. Belloyatto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

1-561-239-8309

Daytime Phone #

CR2E034 (9/01)