


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

02-21-2005 90070 041 ****61.25

DOCUMENT # N02000007395

1. Entity Name
CORONADO PINES SOCIETY, INC.



Principal Place of Business Mailing Address
~~15100 S.E. 103RD STREET ROAD~~ ~~15100 S.E. 103RD STREET ROAD~~
~~OCKLAWAHA, FL 32179~~ ~~OCKLAWAHA, FL 32179~~

66009052



2. Principal Place of Business 3. Mailing Address
15353 SE 103RD ST. Rd **15353 SE 103RD ST. Rd.**

Suite, Apt. #, etc. 2 Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State City & State
Ocklawaha, FL. **Ocklawaha, FL**

Zip Country Zip Country
32179 **USA** **32179** **USA**

4. FEI Number Applied For
33-1025306 Not Applicable

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

6. Name and Address of Current Registered Agent
~~ABBOTT, BERNICE~~
~~15333 SE 103RD PL RD~~
~~OCKLAWAHA, FL 32179~~

7. Name and Address of New Registered Agent
 Name **RICHARD ROGERS**
 Street Address (P.O. Box Number is Not Acceptable)
15353 SE 103RD ST. Rd.
 City **Ocklawaha** FL Zip Code **32179**

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 *Linda Apelbaum* *Richard Rogers* *Richard Rogers*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$81.25
Due by May 1, 2005

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	D ABBOTT, DES 15333 SE 103RD PL RD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, ROBERT 15100 S.E. 103RD STREET ROAD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APELBAUM, LINDA N 15128 SE 103RD PL RD OCKLAWAHA, FL 32179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROGERS, RICHARD 15353 S.E. 103RD STREET ROAD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, LAURA 15838 SE 103RD PL RD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, LAURA 15383 SE 103RD PL. Rd. OCKLAWAHA, FL 32179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Linda Apelbaum* *Richard Rogers* *Richard Rogers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #