

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2007
Secretary of State**

DOCUMENT# N02000007395

Entity Name: LAKE CORONADO PINES, INC.

Current Principal Place of Business:

15352 SE 103RD ST. RD.
OCKLAWAHA, FL 32179 US

New Principal Place of Business:

15352 SE 103RD ST. RD.
OCKLAWAHA, FL 32179 US

Current Mailing Address:

15352 SE 103RD ST. RD.
OCKLAWAHA, FL 32179 US

New Mailing Address:

15352 SE 103RD ST. RD.
OCKLAWAHA, FL 32179 US

FEI Number: 33-1025306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, RICHARD
15352 SE 103RD ST. RD.
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COC () Delete
Name: ROGERS, RICHARD
Address: 15352 SE 103 PL RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: COC () Delete
Name: NOVAES, JOSIANE
Address: 15071 SE 103 PL RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: S () Delete
Name: ROGERS, PATRICIA
Address: 15352 SE 103 PL RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: T () Delete
Name: NOVAES, OSWALDO
Address: 15071 SE 103 PL RD
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSIANE NOVAES

COC

03/30/2007

Electronic Signature of Signing Officer or Director

Date