

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90251 033 \*\*\*\*61.25

**DOCUMENT # N02000007395**

1. Entity Name  
**CORONADO PINES SOCIETY, INC.**



Principal Place of Business  
**15100 S.E. 103RD STREET ROAD  
OCKLAWAHA FL 32179**

Mailing Address  
**15100 S.E. 103RD STREET ROAD  
OCKLAWAHA FL 32179**

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

**33-1025306**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WATSON, MR. ROBERT  
15100 S.E. 103RD STREET ROAD  
OCKLAWAHA FL 32179**

7. Name and Address of New Registered Agent

Name

**ABBOTT, BERNICE**

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

**15333 S.E. 103RD PLACE ROAD**

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

*Bernice Abbott - Chairwoman 02/18/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARTMANN, ARLETTA</b>	
STREET ADDRESS	<b>15400 S.E. 103RD STREET ROAD</b>	
CITY-ST-ZIP	<b>OCKLAWAH FL 32179</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROMLEY, SHIRLEY</b>	
STREET ADDRESS	<b>15432 S.E. 103RD STREET ROAC</b>	
CITY-ST-ZIP	<b>OCKLAWAH FL 32179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATSON, ROBERT</b>	
STREET ADDRESS	<b>15100 S.E. 103RD STREET ROAD</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GROVER, HAL</b>	
STREET ADDRESS	<b>15261 S.E. PLACE ROAD</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<del><b>D</b></del>	<input type="checkbox"/> Delete
NAME	<del><b>ROGERS, RICHARD</b></del>	<b>ADDITION</b>
STREET ADDRESS	<del><b>11585 S.E. 175TH STREET</b></del>	
CITY-ST-ZIP	<del><b>SUMMERFIELD, FLORIDA 34491</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOWER, JOHN</b>	
STREET ADDRESS	<b>15165 S.E. 103RD PLACE ROAD</b>	
CITY-ST-ZIP	<b>OCKLAWAHA, FLORIDA 32179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABBOTT, DES</b>	
STREET ADDRESS	<b>15333 S.E. 103RD PLACE ROAD</b>	
CITY-ST-ZIP	<b>OCKLAWAHA, FLORIDA 32179</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BASS, LAURA; 15383 S.E. 103RD PLACE RD.</b>	
STREET ADDRESS	<b>OCKLAWAHA, FLORIDA 32179</b>	
CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDA APELBAUM NICOLINI; 15129 S.E. 103RD</b>	
STREET ADDRESS	<b>PLACE ROAD; OCKLAWAHA, FLORIDA 32179</b>	
CITY-ST-ZIP		
TITLE	<b>CHAIRMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABBOTT, BERNICE</b>	
STREET ADDRESS	<b>15333 S.E. 103RD PLACE ROAD; OCKLAWAHA,</b>	
CITY-ST-ZIP	<b>FLORIDA 32179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGERS, RICHARD; 11585 S.E. 175TH STREET;</b>	
STREET ADDRESS	<b>SUMMERFIELD, FLORIDA 34491</b>	
CITY-ST-ZIP		

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:

*Bernice Abbott*

*2/18/03*

*1-352-298-1691*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)