


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/ **FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90060 001 \*\*\*\*61.25

<b>DOCUMENT # N07000000589</b>			
1. Entity Name <b>MISSION CORONADO CONDOMINIUM ASSOCIATION, INC.</b>		Principal Place of Business <b>% ARTHUR L. BATEMAN 2245 VENETIAN CT - BLDG 4 NAPLES, FL 34109</b>	
2. Principal Place of Business - No P.O. Box # <b>1300 W. North Blvd</b>		3. Mailing Address <b>1300 W. North Blvd.</b>	
City & State <b>Leesburg, FL</b>		City & State <b>Leesburg, FL</b>	
Zip <b>34748</b>		Country <b>USA</b>	
4. FEI Number <b>20-8262318</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BARNETT, LISA H ESQ 821 FIFTH AVE SOUTH STE 201 NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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: _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATEMAN, ARTHUR L</b>	NAME	
STREET ADDRESS	<del>2245 VENETIAN CT - BLDG 4</del>	STREET ADDRESS	<b>PO BOX 12169</b>
CITY-ST-ZIP	<del>NAPLES, FL 34109</del>	CITY-ST-ZIP	<b>Naples, FL 34101</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DERSCH, JOYCE</b>	NAME	
STREET ADDRESS	<del>2245 VENETIAN CT - BLDG 4</del>	STREET ADDRESS	<b>PO BOX 12169</b>
CITY-ST-ZIP	<del>NAPLES, FL 34109</del>	CITY-ST-ZIP	<b>Naples, FL 34101</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DULANEY, JO ANN</b>	NAME	
STREET ADDRESS	<del>2245 VENETIAN CT - BLDG 4</del>	STREET ADDRESS	<b>PO BOX 12169</b>
CITY-ST-ZIP	<del>NAPLES, FL 34109</del>	CITY-ST-ZIP	<b>Naples, FL 34101</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>A. Bateman</u>		Date: <u>3/16/08 239.793.8990</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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