


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90016 039 ****61.25

DOCUMENT # 728043	
1. Entity Name CORONADO ASSOCIATION TWO, INC.	

Principal Place of Business C/O J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD., STE. 203 CORAL SPRINGS, FL 33065 US	Mailing Address C/O J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD., STE. 203 CORAL SPRINGS, FL 33065 US
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2. Principal Place of Business - No P.O. Box # 250 Jacaranda Drive	3. Mailing Address c/o Zenith Property Management 8320 W. Sunrise Blvd, #203
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plantation, FL	City & State Plantation, FL
Zip 33324	Zip 33322
Country	Country

6. Name and Address of Current Registered Agent CALDERAZZO, JAMES C/O J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD., STE. 203 CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent Name: George Holstein Street Address: c/o Zenith Property Management 8320 W. Sunrise Blvd, #203 City: Plantation FL Zip Code: 33322	
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: George M Holstein	DATE: 3/23/07

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLINGER, TIM 250 JACARANDA DR A 108 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hollinger, Tim 250 Jacaranda Drive #103 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACK, ROBERT 250 JACARANDA DR PLANTATION, FL 33324 <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	D LAHAM, ARTHUR 250 JACARANDA DR #104 PLANTATION, FL 33324 <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	D TRAVERS, RUTH 250 JACARANDA DRIVE #101 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVAL, ALEX AVIANI 250 Jacaranda Drive #207 Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MARYANN 250 JACARANDA DRIVE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIDALGO-GATO, Leticia 250 Jacaranda Drive #501 Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHARLES, NATHAN DR. 250 JACARANDA DRIVE #608 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHALEY, JERRY 250 Jacaranda Drive #611 Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Leticia Hidalgo-Gato	DATE: 3-27-07	DAYTIME PHONE: 9544754601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		