

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90085 010 \*\*\*\*61.25

**DOCUMENT # 719819**

1. Entity Name

CORONADO DEL MAR OWNERS, INC.



Principal Place of Business

Mailing Address

701 S ATLANTIC AV.  
SUITE 8  
NEW SMYRNA BEACH FL 32169  
US

701 SOUTH ATLANTIC AVE APT 8  
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1452087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROST, CYNTHIA A  
701 S. ATLANTIC AVENUE  
STE 8  
NEW SMYRNA BCH FL 32169

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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  
SHIELDS, MARILYN  
39713 MUIRFIELD LANE  
NORTHVILLE MI 48167 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DS  
RAABE, DAN  
760 S TROY AVENUE  
CINCINNATI OH 45246 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
BEHNER, RONALD L  
454 VICTOR AVE  
LONGWOOD FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DP  
FELTY, ORVILLE  
1090 TIMBERLAND DR. SE  
MARIETTA GA 30067 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
DALRYMPLE, GEORGE  
960 MATHER ST  
SUFFIELD CT 06078 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DT  
MILLER, ROBERT  
2151 W DRY CREEK RD  
LITTLETON CO 80120 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DT  
CUTLER, DICK  
8117 HALYARD WAY  
INDIANAPOLIS, IN 46236 ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Cynthia A. Frost*

CYNTHIA A. FROST

1/26/07

386-428-2970