2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 719819

Entity Name: CORONADO DEL MAR OWNERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

701 SOUTH ATLANTIC AVE APT 8
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-1452087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FROST, CYNTHIA A
701 S. ATLANTIC AVENUE
STE 8
NEW SMYRNA BCH, FL 32169 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: D ( ) Delete
Name: SHIELDS, MARILYN
Address: 39713 MUIRFIELD LANE
City-St-Zip: NORTHVILLE, MI 48167

Title: DS ( ) Delete
Name: RAABE, DAN
Address: 760 S TROY AVENUE
City-St-Zip: CINCINNATI, OH 45246

Title: D ( ) Delete
Name: BEHNER, RONALD L
Address: 454 VICTOR AVE
City-St-Zip: LONGWOOD, FL 32750

Title: DP ( ) Delete
Name: FELTY, ORVILLE
Address: 1090 TIMBERLAND DR. SE
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Delete
Name: DALRYMPLE, GEORGE
Address: 960 MATHER ST
City-St-Zip: SUFFIELD, CT 06078

Title: DT ( ) Delete
Name: CUTTER, DICK
Address: 8117 HALYARD WAY
City-St-Zip: INDIANAPOLIS, IN 46236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: RAABE, DAN
Address: 760 S TROY AVENUE
City-St-Zip: CINCINNATI, OH 45246

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

Title: D (X) Change ( ) Addition
Name: JONES, RANDY
Address: 120 WEST 20TH STREET
City-St-Zip: SANFORD, FL 32771

Title: DVP (X) Change ( ) Addition
Name: DALRYMPLE, GEORGE
Address: 960 THRALL ST
City-St-Zip: SUFFIELD, CT 06078

Title: DP (X) Change ( ) Addition
Name: CUTTER, DICK
Address: 8117 HALYARD WAY
City-St-Zip: INDIANAPOLIS, IN 46236

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA A. FROST MGR 04/23/2009
Electronic Signature of Signing Officer or Director — Date