

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

FILED

Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 721321

1. Entity Name

CORONADO TOWERS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

705 N. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

P.O. BOX 2024
NEW SMYRNA BEACH FL 32170



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

59-1398370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, JERE F
652 DARCEY DRIVE
WINTER PARK FL 32792

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 P ☐ Delete
NAME CLARDY, MALUGEN
STREET ADDRESS 450 GENUS DR
CITY- ST- ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME U000000651872
STREET ADDRESS 03/09/07-80025-006 61.25
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME RITCHIE, AL
STREET ADDRESS 700 S AVE
CITY- ST- ZIP EUSTIS FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ST ☐ Delete
NAME COSTELLO, MARY ANNE
STREET ADDRESS 221 COACHMANS COVE
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME ROSIE, RONALD
STREET ADDRESS 5570 W MERCER WAY
CITY- ST- ZIP MERCER ISLAND WA 98040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME CROSSON, TIM
STREET ADDRESS 17800 CHRISTINE BLVD
CITY- ST- ZIP CLINTON TOWNSHIP MI 48038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Mary Anne Costello 2/24/07 407-341-7003