

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721321

FILED
Apr 23, 2009
Secretary of State

Entity Name: CORONADO TOWERS MANAGEMENT, INC.

Current Principal Place of Business:

705 N. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2024
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-1398370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, JERE F
652 DARCEY DRIVE
WINTER PARK, FL 32792 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: P () Delete
Name: CLARDY, MALUGEN
Address: 450 GENUS DR
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: RITCHIE, AL
Address: 700 S AVE
City-St-Zip: EUSTIS, FL 32757

Title: ST () Delete
Name: COSTELLO, MARY ANNE
Address: 221 COACHMANS COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: ROSIE, RONALD
Address: 5570 W MERCER WAY
City-St-Zip: MERCER ISLAND, WA 98040

Title: D (X) Delete
Name: CROSSON, TIM
Address: 17800 CHRISTINE BLVD
City-St-Zip: CLINTON TOWNSHIP, MI 48038

Title: D (X) Delete
Name: NERGSTOM, BLAIR
Address: PO BOX 71
City-St-Zip: NEW SMYRNA BEACH, FL 321700071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ELLIS, GEORGE
Address: 92 WISTERIA DR.
City-St-Zip: LONGWOOD, FL 32779

Title: SECR (X) Change () Addition
Name: BERGSTROM, BLAIR
Address: P.O.BOX 71
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TREA (X) Change () Addition
Name: BRADSHAW, DENNIS
Address: 803 WOLFE ST.
City-St-Zip: ALEXANDRIA, VA 22314

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

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

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

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: CHRISTOPHER L. CARLIN

MGR

04/23/2009

Electronic Signature of Signing Officer or Director

Date