

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90055 025 ****61.25

DOCUMENT # 722695 1. Entity Name CORONET PINES CONDOMINIUM, INC.					
Principal Place of Business 2428 TAYLOR STREET - UNIT 9 HOLLYWOOD, FL 33020			Mailing Address 2428 TAYLOR STREET UNIT 9 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1463514 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07082007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent GARCIA, FRANK 2428 TAYLOR STREET UNIT 9 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name ROBERT MOSS Street Address (P.O. Box Number is Not Acceptable) 2428 TAYLOR ST UNIT 2 City HOLLYWOOD FL Zip Code 33020		
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 <u>ROBERT MOSS Pres. Robert Moss</u> 7-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, FRANK 2428 TAYLOR STREET, UNIT 9 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT MOSS 2428 TAYLOR ST UNIT 2 HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUSTAFSON, ROGER 2428 TAYLOR STREET, UNIT 3 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, ROBERT 2428 TAYLOR STREET, UNIT 2 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAMES FULMORE 2428 TAYLOR ST UNIT 9	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: <u>Robert Moss ROBERT MOSS P.</u> 7-10-07 954-736-6148 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					