


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90257 050 \*\*\*\*61.25

<b>DOCUMENT # 727198</b>					
1. Entity Name CORONADO COVE I ASSOCIATION INC					
Principal Place of Business 3800 SAXON DRIVE NEW SMYRNA BEACH, FL 32169 US			Mailing Address 507-C HERBERT STREET PORT ORANGE, FL 32129 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1664542	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REIMER, R.L. 507 HERBERT ST. STE. C PORT ORANGE, FL 32129				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYER, EWART		NAME	Black, Charles	
STREET ADDRESS	3800 SAXON DR C50		STREET ADDRESS	3800 Saxon Dr. # B-21	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERTREES, WILLIAM		NAME	Daniels, Jefferson	
STREET ADDRESS	3800 SAXON DR C-43		STREET ADDRESS	583 Clifton Park Center Rd.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	Clifton Park, NY, 12065	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDER, KIMBERLY		NAME	Mehring, Brenda	
STREET ADDRESS	3800 SAXON DR. C-47		STREET ADDRESS	3800 Saxon Dr. # B-18	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, JENNIFER		NAME	Moyer, Ewart	
STREET ADDRESS	3800 SAXON DR., #C-38		STREET ADDRESS	3800 Saxon Drive C-50	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACUSA, ANTHONY		NAME		
STREET ADDRESS	3800 SAXON DR. A-4		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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04122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1664542

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE	PD	Delete
NAME	MOYER, EWART	
STREET ADDRESS	3800 SAXON DR C50	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VERTREES, WILLIAM	
STREET ADDRESS	3800 SAXON DR C-43	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STUDER, KIMBERLY	
STREET ADDRESS	3800 SAXON DR. C-47	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLER, JENNIFER	
STREET ADDRESS	3800 SAXON DR., #C-38	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRACUSA, ANTHONY	
STREET ADDRESS	3800 SAXON DR. A-4	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Black, Charles	
STREET ADDRESS	3800 Saxon Dr. # B-21	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniels, Jefferson	
STREET ADDRESS	583 Clifton Park Center Rd.	
CITY-ST-ZIP	Clifton Park, NY, 12065	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mehring, Brenda	
STREET ADDRESS	3800 Saxon Dr. # B-18	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moyer, Ewart	
STREET ADDRESS	3800 Saxon Drive C-50	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #