


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90020 045 ****61.25

DOCUMENT # 728043 1. Entity Name CORONADO ASSOCIATION TWO, INC.	
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Principal Place of Business 250 JACARANDA DRIVE PLANTATION, FL 33324 US	Mailing Address C/O ZENITH PROPERTY MANAGEMENT 8320 W. SUNRISE BLVD, #203 PLANTATION, FL 33322 US
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DO NOT WRITE IN THIS SPACE

40054500



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1666147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOLSTEIN, GEORGE
C/O ZENITH PROPERTY MANAGEMENT
8320 W. SUNRISE BLVD, #203
PLANTATION, FL 33322

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

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLINGER, TIM 250 JACARANDA DRIVE #103 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZACK, ROBERT 250 JACARANDA DR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAHAM, ARTHUR 250 JACARANDA DR #104 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EYAL, "ALEX" AVIANI 250 JACARANDA DRIVE #207 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIDALGO-GATO, LETICIA 250 JACARANDA DRIVE #501 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHALEY, JERRY 250 JACARANDA DRIVE #611 PLANTATION, FL 33324

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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 #

3/28/08