

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 735119**

1. Entity Name  
**CORONADO RECREATION ASSOCIATION, INC.**



Principal Place of Business  
**250 JACARANDA DRIVE  
PLANTATION, FL 33324**

Mailing Address  
**250 JACARANDA DRIVE  
PLANTATION, FL 33324 US**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1666141**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, JOHN E  
250 JACARANDA DR  
5810  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

*John E. Kelly*  
Signature, typed or printed name of registered agent and title if applicable

*Jack E. Kelly*  
(NOTE: Registered Agent signature required when reinstating)

*1-25-08*  
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	DV
NAME	MATTOX, BEVERLY
STREET ADDRESS	200 JACARANDA DR APT 4C
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	DP
NAME	KELLY, JOHN E
STREET ADDRESS	250 JACARANDA DR. 5810
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	DS
NAME	RUBIN, DOROTHY P
STREET ADDRESS	250 JACARANDA DRIVE, APT. #311
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	<i>T. Petruzzelli</i>
NAME	PETRUZZELLI, FLORENCE
STREET ADDRESS	250 JACARANDA DR #812
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	MCCANN, MARY
STREET ADDRESS	200 JACARANDA DR., APT. A3
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	MCCANN, JAMES L
STREET ADDRESS	200 JACARANDA DRIVE, APT A-3
CITY-ST-ZIP	PLANTATION, FL 33324

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02/14/08-80082-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*John E. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack E. Kelly*  
Date

Daytime Phone #