


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # 739960 1. Entity Name CORONADO ARMS CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 541 S PENINSULA AVE NEW SMYRNA BCH, FL 32169 | Mailing Address 728 W. CANAL ST. NEW SMYRNA BEACH, FL 32168 |
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

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|---|--------------------------------|
| 4. FEI Number 59-1854438 | 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

MANCINI, ALFRED
541 S ATLANTIC A13
NEW SMYRNA BEACH, FL 32169

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MANCINI, ALFRED 541 S ATLANTIC AVE A13 NEW SMYRNA BEACH, FL 32169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KUCHARSKI, DORIS 541 S PENINSULA DR B13 NEW SMYRNA BEACH, FL 32169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SCHMERLER, LORI 823 FLAUNDER AVE NEW SMYRNA BEACH, FL 32169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CZAR, FRANK 541 S ATLANTIC AVE A1 NEW SMYRNA BEACH, FL 32169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/28/08-80017-014 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: Lori Schmerker 1/17/08 985-3342787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #