FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

CORONADO COLIRT COMPONIMIMA ACCOCIATION. INC

FILED						
Feb 05	1998	8:00am				
Secre	etary o	of State				

CONC	MADO COURT CONDOMIN	IUM ASSOCIATION,	INC.		
Principal Plac	ce of Business	Mailing Address		1 (60)() 1000 BYING BYING BYING 18/(8 18/6)	I BANTA BADAK BARKA BANTA DI BAK BANTA 1900
718 SE 46TH		718 SE 46TH LANE 4102 /03 CAPE CORAL FL 3390	1	3. Date incorporated or Qualified 01/14/1981 4. FEI Number	Applied For
00		US		59-2145787	Not Applicable
2. Principal f	Place of Business	2a. Mailing Address			\$8.75 Additional Fee Required
Sulte, Apt	#, etc	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
Olty & Stal	to -	City & State	<u> </u>		Added to Fees
23		28		7. Is this nonprofit corporation a home	
Zip	Country	Zip	Country	B. This corporation owes or has paid	the current year Intangible
24	26	29	30	Personal Property Tax due June 30	D. 🔲 Yes 🔲 No
	9. Name and Address of Currer	nt Registered Agent	04 11	10. Name and Address of New Regis	tered Agent
GERALI	DINE, WOOD G		81 Name 82 Street Add	TOHN R. BRITT Tress (P.O. Box Number is Not Acceptable)	-
718 SE 46TH LANE 102 CAPE CORAL FL 33904		83 7/8	SE 46 TH LAN	E#103	
POATE C	OTAL FL 33804				85 Zip Code
			CA	PE CORAL	FL 37904
office or a	to the provisions of Sections 617.050 registered agent, or both/in the State am familiar with, and accept the oblig.	2 and 617.1508, Florida Sta of florida: Such change wattens of Section 617.0503.		poration submits this statement for the purp ation's board of directors. I hereby accept the	pose of changing its registered the appointment as registered
SIGNATURE	V104 1 A K	· Dun	NOTE: Registered Agent signature requ		1/27/98
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	7>	Change Addition
NAME	WOOD, GERALDINE		1.2 NAME		_ .
STREET ADDRESS	718 S.E. 46TH LANE #102		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY,- ST - ZIP		
TITLE	VPD	DELETE	2.1 TITLE	V PD	Change Addition
NAME	VUCITECH, ALEX		2.2 NAME	•	
STREET ADDRESS	718 S.E. 48TH LANE #400	101	2.3 STREET ADDRESS		
- CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY-ST-ZIP		4 4
TITLE	STP	DELETÉ	3.1 TITLE Z	DIRECTOR R. BRITT, JOHN R. INS SE. 46 LANE # CAPE CORAL, I	Change Addition
NAME	BRITT, JOHN R.		3.2 NAME	BRITT, JOHN R.	L 102
STREET ADDRESS	718 S.E. 46TH LANE #103		3.3 STREET ADDRESS	18 SE. 46 DANE #	- 10-20
CITY-ST+ZIP TITLE	CAPE CORAL FL	☐ DELETE	3.4. CITY-ST-ZIP	CAPE CONAL,	
NAME		DECEIE	4.1 TITLE		☐ Change ☐ Addition
			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		C) Origing C Manigari
STREET ADDRESS			5.3 STREET ADDRESS	.<₽°	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		T nei	* *		Change Addition
		DELETE	# G.1 1111C		LI VIIAIIUG I I ALKIIIII I
NAME		☐ DELETE	6.1 TITLE 6.2 NAME	as 🍂	" Aligninge CT Vocaliton
NAME STREET ADDRESS		☐ DELETE	6.2 NAME 6.3 STREET ADDRESS	8 4 3	Change C Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.