EII ED

Date

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755892 1. Entity Name CORONADO COURT CONDOMINIUM ASSOCIATION, INC.					Apr 24, 2000 8:00 am Secretary of State 01-26-2000 90182 016 ****61.25			
Principal Place		Mailing Address 718 SE 46TH LANE	<u>.</u>					
718 SE 45TH LANE #322 0) CAPE CORAL FL 33904 US		#1927 / O / CAPE CORAL FL 33904-5587 US		(100)1130				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	4. FEI Number 59-2145787 Applied For Not Applied For			
Zip Country		Zip Country		5. Certificate	5. Certificate of Status Desired			
BRITT, JOHN R. 718 S.E. 46TH LANE \$103 CAPE CORAL FL 33904 City CA 8. The above named entity submits this statement for the purpose of changing its registered office or reg				S S.E 40 APE CO	EX VUCITECH ess (P.O. Box Number is Not Acceptable) S.E. 46 ^{+h} Lane # 101 PE CORAL FL Zip Code 33904 instered agent, or both, in the state of Florida.			
SIGNATURE _	Signature, typed or printed name of registered age	M and the if applicable. (NOTE: F	legistered Agent signatu	re required when reinstating)	1/22/6	2000		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND O D WOOD, GERALDINE 718 S.E. 46TH LANE #102 CAPE CORAL FL	DIRECTORS	11. TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES	ANGES TO OFFICERS AND 14 SEC. 14 LANC #10 2AL, FL, 33 3 RRALD INE	Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VUCITECH, ALEX 718 S.E. 46TH LANE #101 CAPE CORAL FL	☐ Delate	TITLE D NAME STREET ADDRESS CITY-SI-ZIP	PRESIDE VUCITED 718-S.E.	TH ALEX	# 101 33904	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, JOHN R. 718 S.E. 46TH LANE #103 CAPE CORAL FL	DECEASED	NAME STREET ADDRESS CITY-ST-ZIP	JAMES 718 S.E CAPEC	BRITT JR 46th Lan	. □ Change e #10 3396	3 T	
NAME STREET ADDRESS CITY-ST-ZIP		∟ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ cuanĝe	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition	
indicated of the co	certify that the information supplied of on this report or supplemental report poration or the receiver or trustee end, or on an attachment with an address	t is true and accurate and that my	v sionature shall t	have the same lenal effer	ct as if made under oath: the	at I am an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: