

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90153 003 ****61.25

DOCUMENT # 755972

1. Entity Name

LAKE CORONADO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3516 CORONADO DR.
 SARASOTA FL 34231

5005 W. LAUREL ST.
 SUITE 206
 TAMPA FL 33607-3839

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4815 E. BUSCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 208

City & State

City & State

TAMPA FL

4. FEI Number

59-2105626

Applied For

Not Applicable

Zip

Country

Zip

Country

33617

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, DAVID
5005 W. LAUREL ST STE 206
TAMPA FL 33607-3839

Name

Street Address (P.O. Box Number is Not Acceptable)

4815 E. BUSCH BLVD. SUITE 208

City

TAMPA

FL

Zip Code

33617

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
PDF GREENBERG, STEPHEN
 STREET ADDRESS **5005 W. LAUREL ST. STE. 206**
 CITY-ST-ZIP **TAMPA FL 33607-3839**

TITLE NAME Change Addition
 STREET ADDRESS **4815 E. BUSCH BLVD. SUITE 208**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE NAME Delete
STD GORDON, DAVID
 STREET ADDRESS **5005 W. LAUREL ST. STE. 206**
 CITY-ST-ZIP **TAMPA FL 33607-3839**

TITLE NAME Change Addition
 STREET ADDRESS **4815 E. BUSCH BLVD. SUITE 208**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE NAME Delete
D STARKER, CHAYA
 STREET ADDRESS **5005 W. LAUREL ST. STE. 206**
 CITY-ST-ZIP **TAMPA FL**

TITLE NAME Change Addition
 STREET ADDRESS **4815 E. BUSCH BLVD. SUITE 208**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

12. 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 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 REQUIRED

4/3/02

Date

Daytime Phone #

CR2E037 (9/01)