2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 06, 2003 8:00 am secretary of State 755972 DOCUMENT # 05-06-2003 90027 002 ****61.25 LAKE CORONADO ASSOCIATION, INC. Principal Place of Business Mailing Address 3516 CORONADO DR. 4815 E. BUSCH BLVD SARASOTA FL 34231 SUITE 208 TAMPA FL 33617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2105626 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, DAVID Street Address (P.O. Box Number is Not Acceptable) 4815 E. BUSCH BLVD. **SUITE 208 TAMPA FL 33617** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **PDF** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GREENBERG, STEPHEN NAME STREET ADDRESS 4815 E. BUSCH BLVD. SUITE 208 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME GORDON, DAVID STREET ADDRESS STREET ADDRESS 4815 E. BUSCH BLVD. SUITE 208 CITY-ST-ZIP CITY:ST-ZIP TAMPA FL 33617 -----☐ Delete TITLE ☐ Change Addition TITLE NAME STARKER, CHAYA NAME STREET ADDRESS STREET ADDRESS 4815 E. BUSCH BLVD. SUITE 208 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change · ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. NATURE REQUIRED

SIGNATURE:

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

FILED