

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90109 022 ****61.25

DOCUMENT # 790695

1. Entity Name

CORONADO COMMUNITY ASSOCIATION



Principal Place of Business

Mailing Address

PO BOX 1117
OKLAWAHA FL 32183
US

PO BOX 1117
OKLAWAHA FL 32183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2362208

Applied For

Not Applicable

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

PETERMAN, ALEXANDER E
10556 S.E. 146TH TERR
OCKLAWAHA FL 32179

Name

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

City

FL

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **HERNANDEZ, JOSE N**
STREET ADDRESS **10550 SE 146TH TERRACE ROAD**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **JETTNER, WENDY**
STREET ADDRESS **10570 SE 146TH TERRACE RD**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Michel Habashy**
CITY-ST-ZIP **10576 S.E. 146th Terr. Rd.**
Ocklawaha, FL 32179

TITLE **D** ☐ Delete
NAME **SMITH, CLAUDIA A**
STREET ADDRESS **10582 SE 146TH TERRACE RD**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
NAME **Director-Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KRIER, DON**
STREET ADDRESS **10619 SE 142ND AVENUE ROAD**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **PETERMAN, ALEXANDER E**
STREET ADDRESS **10556 SE 146 TERR. RD.**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **VAZOULAS, GEORGE**
STREET ADDRESS **10623 SE 142ND AVENUE ROAD**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

E. Alexander Peterman

E. Alexander Peterman

3-16-05

(352)288-2502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #