
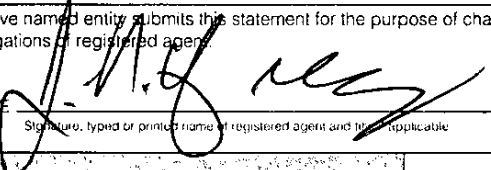
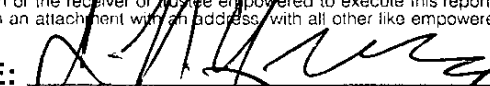


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90144 016 ****61.25

DOCUMENT # 790695 1. Entity Name CORONADO COMMUNITY ASSOCIATION					
Principal Place of Business PO BOX 1117 OKLAWAHA FL 32183 US			Mailing Address PO BOX 1117 OKLAWAHA FL 32183		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2362208	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETERMAN, ALEXANDER E 10556 S.E. 146TH TERR OKLAWAHA FL 32179			7. Name and Address of New Registered Agent Name Hernandez, Jose N Street Address (P.O. Box Number is Not Acceptable) 10550 SE 146th Terr. Rd. Oklawaha, FL City FL Zip Code 32179		
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  Jose N. Hernandez, Treas 4/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JOSE N 10550 SE 146TH TERRACE ROAD OKLAWAHA FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hernandez, Jose N. 10550 SE 146th Terrace Road Oklawaha, FL 32179
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABASHY, MICHEL 10576 SE 146TH TERR RD OKLAWAHA FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, CLAUDIA A 10582 SE 146TH TERRACE RD OKLAWAHA FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIER, DON 10619 SE 142ND AVENUE ROAD OKLAWAHA FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERMAN, ALEXANDER E 10556 SE 146 TERR. RD. OKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mrs. Susan Uhlar 10538 SE 146 Terrace Road Oklawaha, FL 32179
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAZOULAS, GEORGE 10623 SE 142ND AVENUE ROAD OKLAWAHA FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. George Olin 10605 SE 142 Avenue Road Oklawaha, FL 32179
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  Jose N. Hernandez 4/24/06 288-8354 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					