


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 006 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		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 <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, JOSE N 10550 SE 146 TERR. RD. OCKLAWAHA, FL 32179				7. Name and Address of New Registered Agent Name Janet Deiters Street Address (P.O. Box Number is Not Acceptable) 10586 SE 146 Terrace Rd Ocklawaha City Ocklawaha 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 <u><i>Janet Deiters</i></u> <u>3/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD HERNANDEZ, JOSE N 10550 SE 146TH TERRACE ROAD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Olin 10605 SE 14th Ave. Rd Ocklawaha Fl. 32179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABASHY, MICHEL 10576 SE 146TH TERR RD OCKLAWAHA, FL 32179 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deiters, Janet 10586 SE 146 Terrace Rd Ocklawaha, Fl. 32179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, CLAUDIA A 10582 SE 146TH TERRACE RD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete		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 OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UHLAR, SUSAN 10538 SE 146 TERRACE ROAD OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	--- <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Janet Deiters</i></u> <u>Janet Deiters</u> <u>3/9/08</u> <u>352-259-5036</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					