



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 024 ****70.00

DOCUMENT # N06000007614 1. Entity Name CORONADO AT WILDWOOD HOMEOWNERS ASSOCIATION, INC.									
Principal Place of Business 5851 TIMUQUANA ROAD, STE 301 JACKSONVILLE, FL 32210			Mailing Address 5851 TIMUQUANA ROAD, STE 301 JACKSONVILLE, FL 32210						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04012008 Chg-NP CR2E037 (12/06) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">4. FEI Number 20-5988124</td> <td style="width: 40%;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 20-5988124	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent ENSELL, KURT 2455 CAMPHORWOOD COURT ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent 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 _____ <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	DP ATLEE, KENYON S 5851 TIMUQUANA ROAD, STE 301 JACKSONVILLE, FL 32210 <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 CRISP, DALE K 5851 TIMUQUANA ROAD, STE 301 JACKSONVILLE, FL 32210 <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	DVPT BRADFORD, ERIC N 5851 TIMUQUANA ROAD, STE 301 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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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>KURT A. ENSSELL</u> 4-23-8 208-1474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									