2007

SIGNATURE:

CORPORATION ANNUAL REPORT

Jun 27, 2007 8:00 am Secretary of State DOCUMENT # N07000007240 03-26-2007 90072 035 ****61.25 CORONADO ESTATES OF BOYNTON BEACH 06-27-2007 90001 017 ***150.00 HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 9707 CORONADO LAKE DR C/O SEACREST SERVICES, INC. **BOYNTON BEACH, FL 33437** 2400 CENTREPARK WEST DR #175 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # Mailing Address Clo Quality Management Group, Inc Suite, Apt. #, etc. P.O. Box 970818 Suite, Apt. #, etc. 06152007 Cha-P CR2E034 (12/06) City & State Boca Ration City & State Applied For 4. FEI Number Not Applicable 65-0978853 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **3**3497 AZU Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LARRY Z. GLICKMAN, ESQ. Sochs Bind Sox CLAXTON, PHILIP A Street Address (P.O. Box Number is Not Acceptable) 9725 CORONADO LAKE DR BOYNTON BEACH, FL 33437 Zip Code **334**3 8. The above named entity submits this statement for 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. 0 SIGNATURE (NOTE: Represent Agent woneture DATE \$5.00 May Be FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE Addition Philip Claxton ANDEN JERRY NAME MARKE 9725 Coronado Lake Dr. 5476 GRANDE PALM CIR. STREET ADDRESS STREET ADDRESS Boynton 8ch, FL CITY-ST-7IP DELRAY BEACH, FL 33484 CITY-ST-7/P Addition nn e Delete TITLE ☐ Chance Christopher Rauch 9743 Poronado Lake Dr. BELLOFATTO, JOHN M NAME NAME 12 TAM G' SHOUTER LANE STREET ADORESS STREET ADDRESS C(TY-ST-7)P BOCA RATON, FL 33431 CITY-ST-ZIP Boynton Bch, FL 33437 ☐ Delete TITLE TITLE Change Addition Paul Cosentino NAME MANE 9893 Coionado bake Dr. STREET ADDRESS STREET ADDRESS CITY_ST_7IP C/TY-ST-7IP Boynton Bch, FL 33437 Change X Addition TITLE ☐ Delete TITLE Reinaldo Schiavinato NAME NAME 9719 Corona do Lake Dr STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Boynton Bon, Fl Delete TITLE 5. Addition (TITLE Sussan Reiter NAME NAME Dr. STREET ADDRESS 9730 Coronado lake STREET ADDRESS CITY-ST-ZP CITY-ST-7P Bounton Bch, FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 607, 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. THILLP A. CLAXTON DIRECTOR

FILED