

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000002534**

1. Entity Name

**CORONADO PINES HOMEOWNERS ASSOCIATION, INC.****FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90069 030 \*\*\*61.25

Principal Place of Business

15100 SE 103RD STREET ROAD  
OCKLAWAHA FL 32179

Mailing Address

15100 SE 103RD STREET ROAD  
OCKLAWAHA FL 32179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3388474

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WATSON, ROBERT E  
15100 SE 103RD STREET ROAD  
OCKLAWAHA FL 32179**7. Name and Address of New Registered Agent**

Name

DONALD G. DERY

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

15120 SE 103RD ST. RD

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.

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**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete  
NAME **WATSON, ROBERT E**  
STREET ADDRESS **15100 SE 103 ST RD**  
CITY-ST-ZIP **OCKLAWAHA FL**TITLE **TD** ☐ Delete  
NAME **TFELT, RICHARD**  
STREET ADDRESS **15120 SE 103 ST RD**  
CITY-ST-ZIP **OCKLAWAHA FL**TITLE **SD** ☐ Delete  
NAME **BRITTAIN, MARY**  
STREET ADDRESS **P O BOX 357**  
CITY-ST-ZIP **OCKLAWAHA FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME **DONALD G. DERY**  
STREET ADDRESS **15120 SE 103RD ST. RD**  
CITY-ST-ZIP **OCKLAWAHA, FL. 32179**TITLE ☐ Change ☐ Addition  
NAME **WILLIAM SIMON**  
STREET ADDRESS **15281 56TH PL. RD**  
CITY-ST-ZIP **OCKLAWAHA, FL. 32179**TITLE ☐ Change ☐ Addition  
NAME **AUDREY HUEY**  
STREET ADDRESS **15120 SE 103 ST. RD**  
CITY-ST-ZIP **OCKLAWAHA, FL 32179**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.2001

Date

Daytime Phone #

CR2E037 (10/00)