2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2005
Secretary of State

DOCUMENT# N96000002534

Entity Name: CORONADO PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15071 SE 103RD STREET ROAD
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

15071 SE 103RD STREET ROAD
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 59-3388474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVAES, OSWALDO
15071 SE 103RD PLACE RD
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DERY, DONALD G
Address: 15120 SE 103RD ST RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: PD ( ) Delete
Name: NOVAES, JOSIANE
Address: 15071 SE 103RD PL RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: VPD ( ) Delete
Name: YORLANO, JOHN
Address: 15300 SE 103RD ST RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: S (X) Delete
Name: TUCKER, ALLISON
Address: 15109 SE 103RD PL RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: TD (X) Delete
Name: NOVAES, OSWALDO
Address: 15071 SE 103RD PL RD
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: NOVAES, OSWALDO
Address: 15071 SE 103RD PL RD
City-St-Zip: OCKLAWAHA, FL 32179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSWALDO NOVAES TD 02/27/2005

Electronic Signature of Signing Officer or Director — Date