2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90293 024 ****61.25

55040875

DOCUMENT # N96000002534

1. Entity Name
CORONADO PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15100 SE 103RD STREET ROAD OCKLAWAHA FL 32179	15100 SE 103RD STREET ROAD OCKLAWAHA FL 32179

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15071 S.E. 103rd PLACE RD Suite, Apt. #, etc.	15071 S.E. 103rd PL. RD Suite, Apt. #, etc.
City & State: OCKLAWAHA, FL	City & State: OCKLAWAHA, FL
Zip: 32179 Country: USA	Zip: 32179 Country: USA

4. FEI Number 59-3388474 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DERY, DONALD D 15120 SE 103RD ST RD OCKLAWAHA FL 32179	Name: Oswaldo Novaes Street Address (P.O. Box Number is Not Acceptable): 15071 S.E. 103rd PLACE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Oswaldo Novaes 4-17-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERY, DONALD G 15120 SE 103RD ST RD OCKLAWAHA FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-D JOSIANE NOVAES 15071 SE 103rd PL RD OCKLAWAHA, FL 32179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMON, WILLIAM 15281 SE PL RD OCKLAWAHA FL 32179	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-D JOHN YORIANO 15300 S.E. 103rd ST. RD OCKLAWAHA, FL 32179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUEY, AUDREY 15120 SE 103 ST RD OCKLAWAHA FL 32179	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLISON TUCKER 15109 S.E. 103rd PL. RD OCKLAWAHA, FL 32179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T-D OSWALDO NOVAES 15071 S.E. 103rd PL. RD OCKLAWAHA, FL 32179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED Oswaldo Novaes 4-17-03 305-293-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #