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**Mar 17, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000006304**

1. Corporation Name

**THE CORONADO AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

24301 WALDEN CENTER DRIVE  
 STE. 300  
 BONITA SPRINGS FL 34134  
 US

Mailing Address

24301 WALDEN CENTER DRIVE  
 STE. 300  
 BONITA SPRINGS FL 34134  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/09/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 65-0729864

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASTINGS, VIVIEN N  
 24301 WALDEN CENTER DRIVE  
 SUITE 300  
 BONITA SPRINGS FL 34134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME PAGE, GEORGE R  
 STREET ADDRESS 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

TITLE DV  DELETE  
 NAME PARK, RANDY A  
 STREET ADDRESS 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

21 TITLE  Change  Addition  
 22 NAME Dwight D. Thomas  
 23 STREET ADDRESS 24301 Walden Center Drive  
 24 CITY-ST-ZIP Bonita Springs, FL 34134

TITLE DT  DELETE  
 NAME HIMROD, MELAINE M  
 STREET ADDRESS 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

31 TITLE  Change  Addition  
 32 NAME Melanie M. Himrod  
 33 STREET ADDRESS 24301 Walden Center Drive  
 34 CITY-ST-ZIP Bonita Springs, FL 34134

TITLE S  DELETE  
 NAME HASTINGS, VIVIEN N  
 STREET ADDRESS 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

*Melanie M. Himrod*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Melanie M. Himrod, Secretary

1/22/99

(941) 947-2600

Date

Daytime Phone #

CR2E037 (1/98)