

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-08-2000 90025 046 ****61.25

DOCUMENT # N96000006304

1. Entity Name

THE CORONADO AT PELICAN BAY CONDOMINIUM ASSOCIAT

B

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 34134-4920
 US

2. Principal Place of Business

7225 PELICAN BAY BLVD

Suite, Apt. #, etc.

3. Mailing Address

7225 PELICAN BAY BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34108

Country

Zip

34108

Country

4. FEI Number

65-0729864

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

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

7. Name and Address of New Registered Agent

Name **JOSEPH E. ADAMS, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
3003 TAMiami TRAIL N. SUITE 210
 City **NAPLES FL** Zip Code **34103**

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

Joseph E Adams

6/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, GEORGE R 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, DWIGHT D 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIMROD, MELAINE M 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAGE, JAMES P. 7225 PELICAN BAY BLVD NAPLES FL 34108	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTER, MAX E. 7225 PELICAN BAY BLVD NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OAKLEY, JOHN H. 7225 PELICAN BAY BLVD NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARR, MARK S. 7225 PELICAN BAY BLVD NAPLES FL 34108	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, RONALD 7225 PELICAN BAY BLVD NAPLES FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

JOHN H. OAKLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. OAKLEY
TREASURER

5/10/00
 Date

(941) 596-3009
 Daytime Phone #

CR2E037 (9/99)