

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90054 023 \*\*\*\*61.25

**DOCUMENT # N96000006304**

1. Entity Name

**THE CORONADO AT PELICAN BAY CONDOMINIUM ASSOCIAT**

Principal Place of Business

7225 PELICAN BAY BLVD  
 NAPLES FL 34108  
 US

Mailing Address

7225 PELICAN BAY BLVD  
 NAPLES FL 34108  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0729864**

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

**ADAMS, JOSEPH E ES**  
**3005 S TAMiami TRAIL N STE 310**  
**NAPLES FL 34103**

Name

*Joseph E Adams*

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

*3003 Tamiami Trail 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PRESIDENT**  Change  Addition  
 NAME **GAGE, JAMES**  
 STREET ADDRESS **7225 PELICAN BAY BLVD**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VD**  Delete  
 NAME **PORTER, MAX**  
 STREET ADDRESS **7225 PELICAN BAY BLVD**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **FL 34108**  Change  Addition

TITLE **TD**  Delete  
 NAME **OAKLEY, JOHN H**  
 STREET ADDRESS **7225 PELICAN BAY BLVD**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Change  Addition

TITLE **TD**  Delete  
 NAME **BARR, MARK S**  
 STREET ADDRESS **7225 PELICAN BAY BLVD**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **DIRECTOR**  Change  Addition

TITLE **D**  Delete  
 NAME **ROTH, RONALD**  
 STREET ADDRESS **7225 PELICAN BAY BLVD**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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:

*J. Adams*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/01*  
 Date

*(941) 596-3009*  
 Daytime Phone #

CR2E037 (10/00)