

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

03-24-2008 90037 001 \*\*\*\*61.25  
N96000006304

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006304

1. Entity Name  
THE CORONADO AT PELICAN BAY CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
7225 PELICAN BAY BLVD  
NAPLES, FL 34108 US

Mailing Address  
7225 PELICAN BAY BLVD  
NAPLES, FL 34108 US



03102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0729864	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BECKES & POLIAKOFF PA  
C/O JOSEPH E. ADAMS, ESQ  
4501 TAMiami TRAIL N SUITE 214  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'BRIEN, DANIEL 7225 PELICAN BAY BLVD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'BRIEN, DANIEL 7225 PELICAN BAY BLVD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO LIBERTI, CAROLINE 7225 PELICAN BAY BLVD NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

*Handwritten signature/initials*

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Handwritten signature of Caroline J. Liberti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-08

DATE

Daytime Phone #