

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnum  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748126 (0)  
1. Corporation Name  
COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 10 PM 1:59

Principal Place of Business Mailing Address  
2625 SR 590 CLEARWATER FL 34619 2625 SR 590 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1979 3a. Date of Last Report 03/11/1994  
4. FEI Number 59-1963104 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

SCHULTZ, CLARA S.  
2755 CURLEW RD.  
SUITE 76  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Clara Schultz, SCAM - Manager* 1/18/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HECTOR, HITA
STREET ADDRESS	2625 ST. RD. 590, SUITE 2212
CITY-ST-ZIP	CLEARWATER FL
TITLE	T
NAME	BURNS, ARLENE
STREET ADDRESS	1759 THAMES STREET
CITY-ST-ZIP	CLEARWATER FL
TITLE	DS
NAME	NIX, DEAN
STREET ADDRESS	2625 ST. RD. 590, SUITE 1911
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	GOODLESS, NEAL
STREET ADDRESS	2625 ST. RD. 590, SUITE 2325
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	KING, ALBERT
STREET ADDRESS	2625 ST. RD. 590, SUITE 1723
CITY-ST-ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D-V.P.
5.3 STREET ADDRESS	JOHN KRICK
5.4 CITY-ST-ZIP	1151 RANCHWOOD DR. DUNEDIN, FL, 34698
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Hector Hita President - 1-18-95 296-1491*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HECTOR HITA, PRESIDENT