

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **07/19/1979**
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: **59-1963104**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Clara Schultz, CLM - Property Manager* (Signature, typed or printed name of registered agent and title if applicable.)
DATE: **1/18/96** (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HECTOR, HITA	
STREET ADDRESS	2625 ST. RD. 590, SUITE 2212	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURNS, ARLENE	
STREET ADDRESS	1759 THAMES STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NIX, DEAN	
STREET ADDRESS	2625 ST. RD. 590, SUITE 1911	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODLESS, NEAL	
STREET ADDRESS	2625 ST. RD. 590, SUITE 2325	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KRICK, JOHN	
STREET ADDRESS	1151 RANCHWOOD DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HITA, HECTOR	
1.3 STREET ADDRESS	2625 ST RD 590 #2212	
1.4 CITY-ST-ZIP	CLEARWATER, FL, 34619	
2.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURNS ARLENE	
2.3 STREET ADDRESS	1759 THAMES ST.	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34625	
3.1 TITLE	DELETE TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NIX, DEAN	
3.3 STREET ADDRESS	2625 ST. RD. 590 #1911	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOODLESS, NEAL	
4.3 STREET ADDRESS	2625 ST. RD. 590. #2325	
4.4 CITY-ST-ZIP	CLEARWATER, FL, 34619	
5.1 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN KRICK	
5.3 STREET ADDRESS	1151 RANCHWOOD DR.	
5.4 CITY-ST-ZIP	DUNEDIN, FL, 34698	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	H. DOG MA BANK	
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 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Hector Hita* (Signature and typed or printed name of signing officer or director)
DATE: **1/18/96**
DISTRICT PHONE #: **(813) 797-9701**

CR2E037 (12/95)