

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34619-2235
---	--

3. Date Incorporated or Qualified 07/19/1979	3a. Date of Last Report 03/13/1996
--	--

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

4. FEI Number 59-1963104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HECTOR, HITA	
STREET ADDRESS	2625 ST. RD. 590, SUITE 2212	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BURNS, ARLENE	
STREET ADDRESS	1759 THAMES STREET	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NIX, DEAN	
STREET ADDRESS	2625 ST. RD. 590, SUITE 1911	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GOODLESS, NEAL	
STREET ADDRESS	2625 ST. RD. 590, SUITE 2325	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KRICK, JOHN	
STREET ADDRESS	1151 RANCHWOOD DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODLESS, NEAL	
1.3 STREET ADDRESS	2625 ST. RD 590 # 2325	
1.4 CITY-ST-ZIP	CLEARWATER, FL, 34619	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HECTOR HITA	
3.3 STREET ADDRESS	2625 ST. RD 590 # 2212	
3.4 CITY-ST-ZIP	CLEARWATER, FL, 34619	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRIMES, ANNE	
4.3 STREET ADDRESS	2625 ST. RD 590 # 1031	
4.4 CITY-ST-ZIP		
5.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEFF TRIVITT	
5.3 STREET ADDRESS	2625 ST. RD 590 # 1423	
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: **HECTOR HITA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/6/97** (813) 797-9701
Daytime Phone # **0067107**

CR2E037 (9/96)