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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748126** (0)
1. Corporation Name
COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2625 SR 590 CLEARWATER FL 33759	2625 SR 590 CLEARWATER FL 33759

3. Date Incorporated or Qualified 07/19/1979	Applied For
4. FEI Number 59-1963104	Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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* DATE *2/23/98*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P GOODLESS, NEAL
STREET ADDRESS	2625 ST. RD. 590, #2325
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T BURNS, ARLENE
STREET ADDRESS	1759 THAMES STREET
CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	<input type="checkbox"/> DELETE
NAME	D HITA, HECTOR
STREET ADDRESS	2625 ST. RD. 590, #2212
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	S GRIMES, ANNE
STREET ADDRESS	2625 ST. RD. 590, #1031
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DVP TRIVITT, JEFF
STREET ADDRESS	2625 ST. RD. 590, #1423
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	<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 checked="" type="checkbox"/> Addition
2.2 NAME	WES ALBERT KING (TRE)
2.3 STREET ADDRESS	2625 ST. RD. 590 #1723
2.4 CITY-ST-ZIP	CLEARWATER, FL, 33759
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR VERONICA FRAGALDESSI
5.3 STREET ADDRESS	2625 ST. RD. 590 #821
5.4 CITY-ST-ZIP	CLEARWATER, FL, 33759
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 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: *Clara Schultz* **7-23-90 B137679701**

CR25037 (10/97)