

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

FILED  
COMM. DIV. 07/19/79  
WILLIAMSON COUNTY, ALABAMA

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip Country (24)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip Country (29)  
3. Date Incorporated or Qualified (30) 07/19/1979  
4. FEI Number (31) 59-1963104 Applied For (32) Not Applicable  
5. Certificate of Status Desired (33) \$8.75 Additional Fee Required  
6. Election Campaign Financing (34) \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent (35)  
SCHULTZ, CLARA S.  
2755 CURLEW RD.  
SUITE 78  
PALM HARBOR FL 34684  
10. Name and Address of New Registered Agent (36)  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City (37) FL (38) Zip Code

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE (39) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODLESS, NEAL	1.2 NAME	
STREET ADDRESS	2625 ST. RD. 590, #2325	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	TREASURER, DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, WES A	2.2 NAME	
STREET ADDRESS	2625 ST RD 590 #1723	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33750	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V. PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HITA, HECTOR Deleted	3.2 NAME	MARTY READING
STREET ADDRESS	2625 ST. RD. 590, #2212	3.3 STREET ADDRESS	2625 ST. RD 590 # 1222
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL, 33759
TITLE	SECRETARY, DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, ANNE Deleted	4.2 NAME	
STREET ADDRESS	2625 ST. RD. 590, #1031	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRACALOSI, VERONICA Deleted	5.2 NAME	JOYCE LANG
STREET ADDRESS	2625 JR RD 590 #821	5.3 STREET ADDRESS	2625 ST. RD. 590 #1612
CITY-ST-ZIP	CLEARWATER FL 33750	5.4 CITY-ST-ZIP	CLEARWATER, FL, 33759
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neal Goodless PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TS. 3/17/99 99AR  
12-22-1999 9003 030 111 6625  
1-999 72799720

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CR2E037 (1/98)