

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90051 014 \*\*\*\*61.25

00002187



DO NOT WRITE IN THIS SPACE

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # 748126</b><br>1. Entity Name<br><b>COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br>2625 SR 590<br>CLEARWATER FL 33759<br>US   |  | Mailing Address<br>2625 SR 590<br>CLEARWATER FL 33759<br>US  |   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   |  |  |
| Zip   |  | Country  |   | 4. FEI Number<br><b>59-1963104</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHULTZ, CLARA S.<br/>2755 CURLEW RD.<br/>SUITE 76<br/>PALM HARBOR FL 34684</b>                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>FILE NOW:<br/>FEE IS \$61.25</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make Check Payable to<br/>Department of State</b>  |  |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GOODLESS, NEAL<br>2625 ST. RD. 590, #2325<br>CLEARWATER FL   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT<br>JONATHAN HALL<br>2824 WHITE HALL DR.<br>PALM HARBOR, FL, 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ALTMAN, PAUL<br>2625 ST RD 590 #613<br>CLEARWATER FL 33759   | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>EDWARD BRADLEY<br>2625 ST RD 590 #1421<br>CLEARWATER, FL, 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GOMSHE, ALI<br>1806 CHATEAU DR W<br>CLEARWATER FL 33756      | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>ROGER GARDNER<br>2414 FALCON LN.<br>PALM HARBOR, FL, 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>GRIMES, ANNE<br>2625 ST. RD. 590, #1031<br>CLEARWATER FL     | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>MARIA DALLIS<br>2625 ST RD 590 # 221<br>CLEARWATER, FL, 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SYMONDS, BETTY<br>2625 ST RD 590 #2523<br>CLEARWATER FL 33759 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MICHAEL WERNER<br>2625 ST RD 590 # 222<br>CLEARWATER, FL, 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cheryl Tuberville* **04 JAN 01 (727) 724-5980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #