

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90127 026 ***61.25

DOCUMENT # 748126

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2625 ST. RD 590 Suite, Apt. #, etc. -	3. Mailing Address 2625 ST. RD 590 Suite, Apt. #, etc. OFFICE
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City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33759	Country USA

4. FEI Number 59-1963104	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHULTZ, CLARA S.
 2755 CURLEW RD.
 SUITE 76
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME HALL, JONATHAN	
STREET ADDRESS 2824 WHITEHALL DR	
CITY-ST-ZIP PALM HARBOR FL 34684	
TITLE TD	<input type="checkbox"/> Delete
NAME BRADLEY, EDWARD	
STREET ADDRESS 2625 ST RD 590 #1421	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME GARDNER, ROGER	
STREET ADDRESS 2414 FALCON LN	
CITY-ST-ZIP PALM HARBOR FL 34683	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME DALLIS, MARIA	
STREET ADDRESS 2625 ST RD 590 #221	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME WERNER, MICHAEL	
STREET ADDRESS 2625 ST RD 590 #222	
CITY-ST-ZIP CLEARWATER FL 33759	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Clara Schultz, Corp. Agent - Manager 1/11/02 (727) 797-9701
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)