

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 748126

1. Entity Name
COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01062004 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADLEY, EDWARD
STREET ADDRESS	2625 ST RD 590 #1421
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE	P
NAME	GARDNER, ROGER
STREET ADDRESS	2414 FALCON LN
CITY - ST - ZIP	PALM HARBOR, FL 34683

TITLE	T
NAME	GOODLESS, NEAL
STREET ADDRESS	2625 ST. RD 590 #2324
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE	SD
NAME	WERNER, MICHAEL
STREET ADDRESS	2625 ST RD 590 #222
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE	VP
NAME	LYONS, STEVE III
STREET ADDRESS	2625 ST. RD 590 #1824
CITY - ST - ZIP	CLEARWATER, FL 33759

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/22/04--01013--003 **61.25

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/04 (727) 797-9701

Date

Daytime Phone #