


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90053 045 ***150.00

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1. Entity Name
COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
 2625 ST RD 590
 CLEARWATER, FL 33759 US

Mailing Address
 2625 ST RD 590
 OFFICE
 CLEARWATER, FL 33759 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

50014321



01272005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1963104

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, EDWARD	
STREET ADDRESS	2625 ST RD 590 #1421	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, ROGER	
STREET ADDRESS	2414 FALCON LN	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOODLESS, NEAL	
STREET ADDRESS	2625 ST. RD 590 #2324	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WERNER, MICHAEL	
STREET ADDRESS	2625 ST RD 590 #222	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LYONS, STEVE III	
STREET ADDRESS	2625 ST. RD 590 #1824	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	P	<input type="checkbox"/> Delete
NAME	JEFF HART	
STREET ADDRESS	2625 ST. RD 590 # 2912	
CITY-ST-ZIP	CLEARWATER, FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER BOGDAN	
STREET ADDRESS	2625 ST. RD 590 # 1511	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" 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: Neal Goodless Neal Goodless 3-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #