


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 748126

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
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 re-registering) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, EDWARD 2625 ST RD 590 #1421 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGDAN, PETER 2625 ST. RD 590 #1511 PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODLESS, NEAL 2625 ST. RD 590 #2324 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERNER, MICHAEL 2625 ST RD 590 #222 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, JEFF 2625 ST RD 590 #2812 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/06-80024-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 01/05/06 (727) 797-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone