


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 049 ****61.25

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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



01282008 Chg-NP CR2E037 (12/06)

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 *Clara Schultz, Manager* DATE *2/01/08*

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, 2008

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 NAME	D BRADLEY, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	2625 ST RD 590 #1481	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE NAME	D BOGDAN, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	2625 ST. RD 590 #1511	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE NAME	T GOODLESS, NEAL	<input type="checkbox"/> Delete
STREET ADDRESS	2625 ST. RD 590 #2324	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE NAME	VP WERNER, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	2625 ST RD 590 #222	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE NAME	P HART, JEFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2625 ST RD 590 #2812	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DIRECTOR GEORGIANNE CURLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2625 ST RD 590 #18A	
CITY-ST-ZIP	CLEARWATER, FL, 33759	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Clara Schultz, Secy.* DATE: *2/01/08* (727) 797-9701

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