2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#748126

FILED Apr 29, 2009 Secretary of State

Entity Name: COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2625 ST RI CLEARWA	D 590 ATER, FL 3375	9 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2625 ST RI OFFICE CLEARWA	D 590 ATER, FL 3375	9 US			
FEI Number:	59-1963104	FEI Number Applied For () FEI	Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
2755 CURÍ SUITE 76 PALM HAR The above	RBOR, FL 3468		e of changing its registe	red office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent				Data	
OEEICEDS			ADDITIONS/CHAN	Date GES TO OFFICERS AND DIRECTORS:	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAIN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BRADLEY, EDW 2625 ST RD 590 CLEARWATER,) #1421	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BOGDAN, PETE 2625 ST. RD 590 PALM HARBOR,	D #1511	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () GOODLESS, NE 2625 ST. RD 590 CLEARWATER,	0 #2324	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () WERNER, MICH 2625 ST RD 590 CLEARWATER,) #222	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () CURLEY, GEOR 2625 ST. RD 590		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA SCHULTZ D 04/29/2009