

FILE NOW; FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753982 (8)

1. Corporation Name

COACH HOUSES AT LEESBURG CONDOMINIUM ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

100 E OAK TERR. DR. APT F-3
LEESBURG FL 34748

100 E OAK TERR. DR. APT F-3
LEESBURG FL 34748

34748

34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1980

3a. Date of Last Report

02/28/1994

4. FEI Number

59-2241934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KIRBY, MILTON, JR.
100 E OAK TERR DR F-3
LEESBURG FL 34748~~

MILTON R KIRBY
100 E. OAK TERR. DR. F-3
LEESBURG, FL. 34748

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment, in Section 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reappointing)

4/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	KLOVER, PETER
STREET ADDRESS	100 E OAK TERR DR., D-1
CITY-ST-ZIP	LEESBURG, FL 00000
TITLE	D
NAME	MATFIELD, HARRY CHRISMAN, CURTIS
STREET ADDRESS	100 E OAK TERR DR., E-2
CITY-ST-ZIP	LEESBURG, FL 00000
TITLE	T
NAME	WOOD, JOHN KIRBY, MILTON
STREET ADDRESS	100 E. OAK TERRACE DRIVE F-3
CITY-ST-ZIP	LEESBURG, FL 00000
TITLE	PD
NAME	KIRBY, MILTON BLAND, NANCY F.
STREET ADDRESS	100 E OAK TERR DR., D-4
CITY-ST-ZIP	LEESBURG, FL 00000
TITLE	D
NAME	BLAND, NANCY F. VINSON, AGNES
STREET ADDRESS	100 E OAK TERR DR D-2
CITY-ST-ZIP	LEESBURG, FL 00000
TITLE	D
NAME	ELSTON, NORA ZOPPETTI, JACKLYN
STREET ADDRESS	100 E OAK TERRACE DR D-4
CITY-ST-ZIP	LEESBURG, FL 00000

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D KIRBY, JOAN
1.3 STREET ADDRESS	100 E OAK TERR DR. F-3
1.4 CITY-ST-ZIP	LEESBURG, FL. 00000
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan M. Kirby

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

4/15/95

Date

Boiling Office #