

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 US

3. Date Incorporated or Qualified **08/27/1980** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2241934** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 24 25 28 30
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KIRBY, MILTON, R
100 E OAK TERR DR F3
LEESBURG FL 32748
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 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOVER, PETER	1.2 NAME	KIRBY, MILTON
STREET ADDRESS	100 E OAK TERR DR., D-1	1.3 STREET ADDRESS	100 E Oak Terr Dr., F-3
CITY-ST-ZIP	LEESBURG, FL 00000	1.4 CITY-ST-ZIP	LEESBURG, FL., 34748
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISMAN, CURTIS	2.2 NAME	WOODLEY, CAROL
STREET ADDRESS	100 E OAK TERR DR #E2	2.3 STREET ADDRESS	100 E Oak Dr., A-3
CITY-ST-ZIP	LEESBURG, FL 00000	2.4 CITY-ST-ZIP	Leesburg, Fl., 34748
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, MILTON	3.2 NAME	BLAND, NANCY F.
STREET ADDRESS	100 E OAK TERR DR #F3	3.3 STREET ADDRESS	100 E. OAK TERR DR. D-4
CITY-ST-ZIP	LEESBURG, FL 00000	3.4 CITY-ST-ZIP	LEESBURG, FL., 34748
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D ^{Secretary} <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, NANCY F.	4.2 NAME	ZOPPETTI, JACKLYN
STREET ADDRESS	100 E OAK TERR DR #D4	4.3 STREET ADDRESS	100 E. OAK TERR DR, B-4
CITY-ST-ZIP	LEESBURG, FL 00000	4.4 CITY-ST-ZIP	LEESBURG, FL., 34748
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINSON, AGNES	5.2 NAME	
STREET ADDRESS	100 E OAK TERR DR #D2	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOPPETTI, JACKLYN	6.2 NAME	
STREET ADDRESS	100 E OAK TERR DR #B4	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	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)(k), 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: *Nancy F. Bland* 4-23-96 (352) 728-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)