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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

Mailing Address

100 E OAK TERR. DR., APT F-3  
LEESBURG FL 34748-4468  
US



3. Date Incorporated or Qualified

08/27/1980

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2241934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KIRBY MILTON  
STREET ADDRESS 100 E OAK TERR DR. F3  
CITY-ST-ZIP LEESBURG FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME WOODLEY CAROL  
STREET ADDRESS 100 E OAK TERR DR A3  
CITY-ST-ZIP LEESBURG FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  
NAME BLAND NANCY F.  
STREET ADDRESS 100 E OAK TERR DR. D4  
CITY-ST-ZIP LEESBURG FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS  
NAME ZOPPETTI JACKLYN  
STREET ADDRESS 100 E OAK TERR DR. B4  
CITY-ST-ZIP LEESBURG FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

DS  
LOVE SHARON  
100 E OAK TERR DR D-1  
LEESBURG FL

TITLE D  
NAME VINSON, AGNES  
STREET ADDRESS 100 E OAK TERR DR #D2  
CITY-ST-ZIP LEESBURG, FL 00000

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME ZOPPETTI, JACKLYN  
STREET ADDRESS 100 E OAK TERR DR #B4  
CITY-ST-ZIP LEESBURG, FL 00000

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
Date: 03/07/97 Time: 10:00 AM Phone: (852) 728-3159

CF2E037 (9/96)