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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34747 US
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3. Date Incorporated or Qualified 08/27/1980
4. FEI Number 59-2241934
Applied For Not Applicable

2. Principal Place of Business 21 100 EAST OAK TERR. DR.	2a. Mailing Address 28 100 EAST OAK TERR. DR.
Suite, Apt. #, etc. 22 UNIT D-4	Suite, Apt. #, etc. 27 UNIT D-4
City & State 23 LEESBURG FL.	City & State 28 LEESBURG FL.
Zip 24 34738	Country 25 US
Zip 29 34748	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIRBY, MILTON, R
100 E OAK TERR DR F3
LEESBURG FL 32748**

10. Name and Address of New Registered Agent

81 Name BLAND, NANCY F.
82 Street Address (P.O. Box Number is Not Acceptable) 100 EAST OAK TERR. DR. D-4
83
84 City LEESBURG, FL
85 Zip Code 34748

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]* **March 5, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIRBY MILTON	
STREET ADDRESS	100 E OAK TERR DR. F3	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOODLEY CAROL	
STREET ADDRESS	100 E OAK TERR DR A3	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLAND NANCY F.	
STREET ADDRESS	100 E OAK TERR DR. D4	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOVE, SHARON	
STREET ADDRESS	100 E. OAK TERRACE DR., D-1	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VINSON, AGNES	
STREET ADDRESS	100 E OAK TERR DR #D2	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZOPPETTI, JACKLYN	
STREET ADDRESS	100 E OAK TERR DR #B4	
CITY-ST-ZIP	LEESBURG, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLAND, NANCY F.	
1.3 STREET ADDRESS	100 E. Oak Terr. Dr. D-4	
1.4 CITY-ST-ZIP	Leesburg, Fl., 34748	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WERNER, WILLIAM J.	
2.3 STREET ADDRESS	100 E. Oak Terr. Dr. F-4	
2.4 CITY-ST-ZIP	Leesburg, Fl., 34748	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POTFAY, JOHN	
3.3 STREET ADDRESS	100 E. Oak Terr. Dr. G-2	
3.4 CITY-ST-ZIP	Leesburg, Fl., 34748	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOOD, JOHN	
4.3 STREET ADDRESS	100 E. Oak Terr. Dr. E-1	
4.4 CITY-ST-ZIP	Leesburg, Fl., 34748	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOVE, SHARON	
5.3 STREET ADDRESS	100 E. oak Terr. Dr. D-1	
5.4 CITY-ST-ZIP	Leesburg, Fl., 34748	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VINSON, AGNES	
6.3 STREET ADDRESS	100 E. Oak Terr. Dr. D-2	
6.4 CITY-ST-ZIP	Leesburg, Fl., 34748	

14. I hereby certify that the information supplied with this filing does not qualify for the information 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]* **(552) 728-3158**

CR2E037 (10/97)