


FILED
Mar 31, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753982

1. Corporation Name
COACH HOUSES AT LEESBURG CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 100 E OAK TERR DR SUITE D4 LEESBURG FL 34748 US	Mailing Address 100 E OAK TERR DR SUITE D4 LEESBURG FL 34748 US
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2. Principal Place of Business 21. 100 E. Oak Terrace Dr Suite, Apt. #, etc. 22. Suite A-1 City & State 23. Leesburg, FL Zip 24. 34748	2a. Mailing Address 26. 100 E. Oak Terrace Dr Suite, Apt. #, etc. 27. Suite A-1 City & State 28. Leesburg, FL Zip 29. 34748	3. Date Incorporated or Qualified 08/27/1980	4. FEI Number 59-2241934	Applied For Not Applicable
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		

9. Name and Address of Current Registered Agent
BLAND, NANCY F
 100 E OAK TERR DR D4
 LEESBURG FL 32748

10. Name and Address of New Registered Agent
 81 Name **Anna Mae Owens**
 82 Street Address (P.O. Box Number is Not Acceptable)
100 E. Oak Terrace Drive A-1
 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 *Anna Mae Owens* DATE **4/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAND, NANCY F 100 E OAK TERR DR SUITE D 4 LEESBURG FL 34748 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Anna Mae Owens 100 E. Oak Terrace Dr. A-1 Leesburg FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WERNER, WILLIAM J 100 E OAK TERR DR SUITE F4 LEESBURG FL 34748 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POTFAY, JOHN 100 E OAK TERR DR SUITE G2 LEESBURG FL 34748 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VD Jim-McCormick 100 E. Oak Terrace Dr. C-1 Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, JOHN 100 E OAK TERR DR SUITE E1 LEESBURG FL 34748 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVE, SHARON 100 E OAK TERR DR SUITE D1 LEESBURG, FL 00000 34748 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, AGNES 100 E OAK TERR DR SUITE D2 LEESBURG, FL 00000 34748 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition A/TD J. P. Dunbar 100 E. Oak Terrace Dr. B-4 Leesburg, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.
 SIGNATURE: *Anna Mae Owens* Pres. DATE: **3/26/99** DAYTIME PHONE #: **352-323 8916**

CR2E037 (11/98)