

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753982

1. Entity Name

COACH HOUSES AT LEESBURG CONDOMINIUM ASSOCIATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90060 012 ****61.25

Principal Place of Business 100 E OAK TERR DR STE A-1 LEESBURG FL 34748 US	Mailing Address 100 E OAK TERR DR STE A-1 LEESBURG FL 34748-4445 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 492228 Suite, Apt. #, etc.
---	--

City & State LEESBURG, FL	4. FEI Number 59-2241934	Applied For Not Applicable
Zip 34749-2228	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OWENS, ANNA MAE
 100 E OAK TERR DR A-1
 LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name: PAUL L. WEAN, ~~PA~~ Wean + Mulchan, P.A.
 Street Address (P.O. Box Number is Not Acceptable): 1305 E. ROBINSON ST., SUITE A
 City: ORLANDO FL Zip Code: 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Paul L. Wean for Wean + Mulchan, P.A. DATE: 3/22/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	---

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	OWENS, ANNA MAE	
STREET ADDRESS	100 E OAK TERR DR SUITE D 4	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WERNER, WILLIAM J	
STREET ADDRESS	100 E OAK TERR DR SUITE F4	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCORMICK, JIM	
STREET ADDRESS	100 E OAK TERR DR SUITE G2	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOOD, JOHN	
STREET ADDRESS	100 E OAK TERR DR SUITE E1	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOVE, SHARON	
STREET ADDRESS	100 E OAK TERR DR SUITE D1	
CITY-ST-ZIP	LEESBURG, FL 00000 34748	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	DUNBAR, JP	
STREET ADDRESS	100 E OAK TERR DR B-4	
CITY-ST-ZIP	LEESBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN MOORE	
STREET ADDRESS	100 E. OAK TERRACE, H-4	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH CAMPBELL	
STREET ADDRESS	100 E. OAK TERRACE, H-1	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	34748	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASIGNATURE REQUIRED DATE: 3-16-00 DAYTIME PHONE #: 352-787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)