

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90257 018 ****61.25

DOCUMENT # 753982
1. Entity Name
COACH HOUSES AT LEESBURG CONDOMINIUM ASSOCIATION

Principal Place of Business
100 E OAK TERR DR
STE A-1
LEESBURG FL 34748
US
Mailing Address
P O BOX 492228
LEESBURG FL 34749-2228
US

40004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 E. OAK TERR. DR
Suite, Apt. #, etc.
D-4
City & State
LEESBURG, FL.,
3. Mailing Address
100 E. OAK TERR. DR
Suite, Apt. #, etc.
D-4
City & State
LEESBURG, FL.,

4. FEI Number 59-2241934
Applied For
Not Applicable

Zip 34748 Country US
Zip 34748 Country US

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEAN, PAUL L
1305 E. ROBINSON ST.
STE A
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name J. ROBERT DUGGAN
Street Address (P.O. Box Number is Not Acceptable)
1029 MAGNOLIA ST.
City LEESBURG FL Zip Code 34748

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: [Signature] DATE: May 15, 2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

Table with 10 rows of officer/director information including titles (D, VD, PD, T, SD) and names (OWENS, ANNA MAE; MOORE, DAN; MCCORMICK, JIM; WOOD, JOHN; CAMPBELL, JOSEPH; DUNBAR, JP).

Table with 8 rows of additions/changes to officers/directors including titles (PD, VD, T, SD, D) and names (BLAND, NANCY F.; JONES, J.C.; WOODLEY, CAROL; MARTIN, BARBARA; SIMONITIS, SHARON; GILLSPIE, WILMA B.).

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] DATE: 04/17/01 (352) 728-3159

CR2E037 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment
 [Redacted] 46552
 # 753982
 [Redacted]

DOCUMENT # 753982
 1. Entity Name
COACH HOUSES AT LEESBURG CONDOMINIUM ASSOCIATION

Principal Place of Business Mailing Address
 100 E OAK TERR DR P O BOX 492228
 STE A-1 LEESBURG FL 34749-2228
 US US

2. Principal Place of Business 3. Mailing Address
 100 E. OAK TERR. DR 100 E, OAK TERR. DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 D-4 D-4

City & State City & State
 LEESBURG, FL., LEESBURG, FL.,
 Zip Country Zip Country
 34748 US 34748 US

4. FEI Number 59-2241934 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 WEAN, PAUL L
 1305 E. ROBINSON ST.
 STE A
 ORLANDO FL 32801
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Robert Duggan* DATE *May 15, 2001*
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. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OWENS, ANNA MAE		NAME	DUNBAR, J.P.			
STREET ADDRESS	100 E OAK TERR DR SUITE D 4		STREET ADDRESS	100 E. OAK TERR. DR. B-4			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG, FL., 34748			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, DAN		NAME	WOOD, JOHN			
STREET ADDRESS	100 E OAK TERR DR SUITE F4		STREET ADDRESS	100 E. OAK TERR. DR E-1			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG, FL., 34748			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCORMICK, JIM		NAME	MCCORMICK, JIM			
STREET ADDRESS	100 E OAK TERR DR SUITE G2		STREET ADDRESS	100 E, OAK TERR. DR. C-1			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG, FL., 34748			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOOD, JOHN		NAME	CAMPBELL, SARA			
STREET ADDRESS	100 E OAK TERR DR SUITE E1		STREET ADDRESS	100 E. OAK TERR. DR. H-1			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG, FL., 34748			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL, JOSEPH		NAME	WELLMAN, BOB			
STREET ADDRESS	100 E OAK TERR DR SUITE D1		STREET ADDRESS	100 E.OAK TERR. DR. E-4			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	LEESBURG, FL., 34748			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUNBAR, JP		NAME				
STREET ADDRESS	100 E OAK TERR DR B-4		STREET ADDRESS				
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP				

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: *SIGNATURE REQUIRED* DATE: *04/17/01* (352) 728-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR