

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90201 035 \*\*\*\*61.25

**DOCUMENT # 753982**

1. Entity Name

**COACH HOUSES AT LEESBURG CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

100 E OAK TERR DR  
 D-4  
 LEESBURG FL 34748  
 US

100 E OAK TERR DR  
 D-4  
 LEESBURG FL 34748  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2241934**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

**DUGGAN, J ROBERT**  
**1029 MAGNOLIA ST**  
**LEESBURG FL 34748**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input type="checkbox"/> Delete
NAME	BLAND, NANCY F	
STREET ADDRESS	100 E OAK TERRACE DR D-4	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, J C	
STREET ADDRESS	100 E OAK TERRACE DR D-3	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOODLEY, CAROL	
STREET ADDRESS	100 E OAK TERRACE DR A-3	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, BARBARA	
STREET ADDRESS	100 E OAK TERRACE DR A-2	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMONITIS, SHARON	
STREET ADDRESS	100 E OAK TERRACE DR D-1	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLSPIE, WILMA B	
STREET ADDRESS	100 E OAK TERRACE DR B-2	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JOAN	
STREET ADDRESS	100 E. Oak Terr. Dr. E-1	
CITY-ST-ZIP	LEESBURG, FL., 34748	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINSON, AGNES	
STREET ADDRESS	100 E. OAK TERR. DR. D-2	
CITY-ST-ZIP	LEESBURG, FL., 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**

*Nancy F. Bland* **MAY 17, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY F. BLAND** Date

Daytime Phone #

**PRESIDENT**

CR2E037 (9/01)