

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 030 ****61.25

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



Principal Place of Business
 100 E OAK TERR DR
 LEESBURG, FL 34748 US

Mailing Address
 100 E OAK TERR DR
 LEESBURG, FL 34748 US

2. Principal Place of Business
 Suite, Apt. #, etc. **G2**
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc. **G2**
 City & State
 Zip Country

50020271

02222005 Chg-NP CR2E037 (10/03)

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
 DUGGAN, J ROBERT
 1029 MAGNOLIA ST
 LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REXROAT, JAMES 100 E. OAK TERRACE DRIVE G2 LEESBURG, FL 34748469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUCHA, EDNA 100 E. OAK TERRACE DRIVE E4 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EICHHORN, KAREN 100 E. OAK TERRACE DRIVE B3 LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOM, EDWARD JR 100 E. OAK TERRACE DRIVE B1 LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSOT, NAOMI 100 E. OAK TERRACE DRIVE A1 LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Skilbred, Lillian 100 E Oak Terrace Drive D4 Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rutig, Sandra 100 E Oak Terrace Drive F1 Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S(Asst.)D Jucha, Edna 100 E Oak Terrace Drive E4 Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Molina, Alicia 100 E Oak Terrace Drive G3 Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James J Rexroat 24 Feb. 2005 352-319-9935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #