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.



ASSOCIATION, INC.			,				
Principal Place of Business 100 E OAK TERR DR Dat X LEESBURG, FL 34748 US Mailing Address 100 E OAK TERR DR Dat X LEESBURG, FL 34748 US		US		0020271	NEL EL 1821		
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02222005 Chg-NP	CR2E037 (10/03)			
City & State	City & State		4. FEI Number 59-2241934		plied For Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired	S8.75 Addit Fee Required			
6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent			
DUGGAN, J ROBERT 1029 MAGNOLIA ST LEESBURG, FL 34748			Name Street Address (P.O. Box Number is Not Acceptable)				
		City	<u> </u>	FL Zip Code)		
The above named entity submits this statement f	or the purpose of changing its rec	aistered office or reals	stered agent, or both, in the State of F		and accept		
the obligations of registered agent.	or the purpose of ortalinging his req	gratarea amed ar rugra	north agorn, or both, in the black of t	ioriaa: Tarrigariina: Titri	and doocpt		
On the second of							
SIGNATURE Signature, typed or printed name of registered agen	and the departments (NOTE: Be	egistered Agent signature requ	used when constituted	DATE	 -		
Signature: typed or printed trained fregistered agent	I SHU THE II SUPPOSUIC. (1901 C. 190	Area of the state					
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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.

SI	GN	ΑT	UF	₹E:

James J. Referent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

24 Feb. 2005

352-319-9935

Date

Daytime Phone #