2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000003795

TileD
Jun 25, 2007
Secretary of State

Entity Name: COACHMAN HILL PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

244 SHEFFIELD CIR. W 2250 MACKENZIE COURT PALM HARBOR, FL 34683 CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

244 SHEFFIELD CIR. W. 2250 MACKENZIE COURT PALM HARBOR, FL 34683 CLEARWATER, FL 33765

FEI Number: 59-3667987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TYLER, GARY

244 SHEFFIELD CIR. W.

PALM HARBOR, FL 34683 US

SOE, KATHLEEN P

2250 MACKENZIE COURT

CLEARWATER, FL 33765 US

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: KATHLEEN SOE 06/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/S
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 TYLER, GARY R
 Name:
 SOE, KATHLEEN P

 Address:
 244 SHEFFIELD CIR. W
 Address:
 2250 MACKENZIE COURT

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 CLEARWATER, FL 33765

Title: VP/T () Delete Title: (X) Change () Addition Name: TYLER, JANET L Name: WARREN, CHRISTINE Address: 244 SHEFFIELD CIR. W. Address: 2257 MACKENZIE COURT City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: CLEARWATER, FL 33765

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 ABOOD, ROBERT

 Address:
 Address:
 2256 MACKENZIE COURT

 City-St-Zip:
 City-St-Zip:
 CLEARWATER, FL 33765

Name:Name:MULDROW, STEPHENAddress:Address:2263 MACKENZIE COURTCity-St-Zip:City-St-Zip:CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN P. SOE P 06/25/2007