

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90139 032 ****61.25

DOCUMENT # N0300008076

1. Entity Name

**THE COACH HOMES AT CAPE HARBOUR CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

1900 LAGOON LANE
CAPE CORAL FL 33914

Mailing Address

1900 LAGOON LANE
CAPE CORAL FL 33914

14021269

2. Principal Place of Business

530 Construction Lane

3. Mailing Address

P.O. Box 1058



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

36-4536008

Applied For

Not Applicable

Zip **33936**

Country **USA**

Zip **33970**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRUXTON, GREGG
12800 UNIVERSITY DR
SUITE 340
FT MYERS FL FL339-14**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 350

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 _____

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
Due By May 1, 2004**

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 _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Change Addition
NAME **Manfred, Wantulla**
STREET ADDRESS **5626 Cape Harbour Dr #201**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **VD** Change Addition
NAME **Jacob Sedmack**
STREET ADDRESS **1840 SW 50th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **ST** Change Addition
NAME **William Kerbs**
STREET ADDRESS **1836 SW 50th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change 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: *Manfred F. Wantulla* **MANFRED F. WANTULLA** (239) 368-6741
Date: **4/30/04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #