

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008076
 1. Entity Name
 THE COACH HOMES AT CAPE HARBOUR
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 5828 CAPE HARBOUR DR #102
 CAPE CORAL, FL 33914

Mailing Address
 5828 CAPE HARBOUR DR #102
 CAPE CORAL, FL 33914



01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 36-4536008

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BECKER & POLIAKOFF P A
 14241 METROPOLIS AVE STE 100
 FORT MYERS, FL 33912

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000854253
 03/26/08-80100-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANFRED, WANTULLA 5626 CAPE HARBOUR DR #201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLUCK, CHARLES 1571 HOLLY BLVD MANASQUAN, NJ 08736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KERBS, WILLIAM 5602 CAPE HARBOUR DR #102 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerment.

SIGNATURE: *[Signature]* 3/4/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #