


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90428 031 \*\*\*\*61.25

**DOCUMENT # N04000007208**

1. Entity Name  
**COACH HOMES IV AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**12601 WESTLINKS DRIVE, UNIT #7 FORT MYERS, FL 33913**

Mailing Address  
**12601 WESTLINKS DRIVE, UNIT #7 FORT MYERS, FL 33913**

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

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

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**34-2052637** Applied For Not Applicable

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



**6. Name and Address of Current Registered Agent**

**SHIELDS, CHRISTOPHER J**  
**1833 HENDRY STREET**  
**FORT MYERS, FL 33901**

**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, 2006**

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	<input type="checkbox"/> Delete
VD	SHEA, JACK	12601 WEST LINKS DRIVE, UNIT #7	FORT MYERS, FL 33913	<input type="checkbox"/>
STD	THRON, DAN	12601 WEST LINKS DRIVE, #7	FORT MYERS, FL 33913	<input type="checkbox"/>
PD	PERSICILLI, ANTHONY	12601 WESTLINKS DR., UNIT 7	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Red Weidig	12601 Westlinks Dr. Unit #7	Fort Myers FL 33913	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowered.

SIGNATURE: Daniel Shear Date: 1-9-06 Daytime Phone #: 234-768-3888

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