


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**

09-11-2007 90006 005 \*\*\*\*70.00

**DOCUMENT # N04000007211**

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



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

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

2. Principal Place of Business - No P.O. Box #  
**3050 Moody River Blvd**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**N. Ft. Myers, FL**

City & State  
**SAME**

Zip  
**33903**

Country  
**USA**

Zip  
 Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Roger O'Halloran**

Street Address (P.O. Box Number is Not Acceptable)  
**13010 Sandy Key Bend # 4**

City  
**N. Ft. Myers**

FL Zip Code  
**33903**

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 Roger E. O'Halloran DATE 7/10/07

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 September 14, 2007**

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	V/D SHEA, JACK 12601 WEST LINKS DRIVE, UNIT #7 FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRON, DAN 12601 WEST LINKS DRIVE, UNIT #7 FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEIDY, FRED 12601 WESTLINKS DRIVE UNIT 7 FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roger O'Halloran <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13010 Sandy Key Bend # 4 N. Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Hess <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3050 Moody River Blvd. N. Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evelyn Brody <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3050 Moody River Blvd. N. Ft. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roger E. O'Halloran DATE 7/10/07 239-6516-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

