


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90019 020 ****70.00

DOCUMENT # N04000007211					
1. Entity Name COACH HOMES II AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3050 MOODY RIVER BLVD NORTH FORT MYERS, FL 33903		Mailing Address 3050 MOODY RIVER BLVD NORTH FORT MYERS, FL 33903			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
				01092008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 34-2032641		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'HALLORAN, ROGER 1833 HENDRY STREET NORTH FORT MYERS, FL 33903			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'HALLORAN, ROGER	NAME			
STREET ADDRESS	13010 SANDY KEY BEND #4	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HESS, CAROL	NAME			
STREET ADDRESS	3050 MOODY RIVER BLVD	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRODY, EVELYN	NAME			
STREET ADDRESS	3050 MOODY RIVER BLVD	STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is that of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.					
I further certify that the information under oath, that I am an officer or director of the corporation and that my name appears in Block 10 or Block 11 if					
SIGNATURE: <i>Roger E. D'Amico</i>		Date: 5/6/08		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	