2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012687

FILED Apr 21, 2008 Secretary of State

Entity Name: COACH HOMES LAT HERITAGE BAY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10481 SIX MILE CYPRESS PKWY 11691 GATEWAY BOULEVARD, SUITE 203

FT MYERS, FL 33966 FT MYERS, FL 33913

Current Mailing Address: New Mailing Address:

10481 SIX MILE CYPRESS PKWY 11691 GATEWAY BOULEVARD, SUITE 203

FT MYERS, FL 33966 FT MYERS, FL 33913

FEI Number: 20-8038759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J ESQ

1833 HENDRY STREET

FT MYERS, FL 33901 US

SAMOUCE, MURRELL AND GAL, P. A.
5405 PARK CENTRAL COURT
NAPLES, FL 34109 US

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.

SIGNATURE: ROBERT E. MURRELL 04/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: SMITH, RUSSELL R Name: LEFFERT, DENNIS

Address: 10481 SIX MILE CYPRESS PKWY Address: 11691 GATEWAY BOULEVARD, SUITE 203

City-St-Zip: FT MYERS, FL 33966 City-St-Zip: FT MYERS, FL 33913

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: DEBITETTO, JOHN Name: KERKER, LEONARD
Address: 10471 SIX MILE CYPRESS PKWY Address: 11691 GATEWAY BOULEVA

Address: 10471 SIX MILE CYPRESS PKWY Address: 11691 GATEWAY BOULEVARD, SUITE 203 City-St-Zip: FT MYERS, FL 33966 City-St-Zip: FT MYERS, FL 33913

Title: STD () Delete Title: STD (X) Change () Addition Name: BILLUPS, JOHN Name: BOSTATER, JOSEPH

Address: 10481 SIX MILE CYPRESS PKWY Address: 11691 GATEWAY BOULEVARD, SUITE 203

City-St-Zip: FT MYERS, FL 33966 City-St-Zip: FT MYERS, FL 33913

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS LEFFERT P 04/21/2008