

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N06000012687

Entity Name: COACH HOMES I AT HERITAGE BAY ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BOULEVARD, SUITE 203
FT MYERS, FL 33913

New Principal Place of Business:

2335 TAMIAMI TRAIL N
STE. 402
NAPLES, FL 34103

Current Mailing Address:

11691 GATEWAY BOULEVARD, SUITE 203
FT MYERS, FL 33913

New Mailing Address:

2335 TAMIAMI TRAIL N
STE. 402
NAPLES, FL 34103

FEI Number: 20-8038759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEFFERT, DENNIS
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: VPD () Delete
Name: KERKER, LEONARD
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

Title: STD () Delete
Name: BOSTATER, JOSEPH
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES MEADE

VPSD

03/24/2009

Electronic Signature of Signing Officer or Director

Date