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Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12489 (3)

1. Corporation Name

THE COACH HOMES AT MARINERS' VILLAGE CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

C/O ANGELIA GORDON PROPERTY MGMT. INC
4030 DIJON DRIVE
ORLANDO FL 32808
US

Mailing Address

C/O ANGELIA GORDON PROPERTY MGMT INC
4030 DIJON DRIVE
ORLANDO FL 32808-2226
US3. Date Incorporated or Qualified
12/11/19853a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 ~~ANGELIA GORDON~~
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2775739

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANGELIA GORDON PROPERTY MGMT INC
ATTN: CHRISTOPHER KOBACK AGENT
4030 DIJON DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name ANGELIA GORDON Property Mgmt INC
82 Street Address (P.O. Box Number is Not Acceptable) 4030 DIJON DRIVE
83 ATTN: ANGELIA GORDON
84 City ORLANDO FL 85 Zip Code 32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEIN, MARLENE	
STREET ADDRESS	4813 COACHMANS DR #2	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROCHETTE, NANCY	
STREET ADDRESS	2412 TACK ROOM LANE #1	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DALBERTH, BETTY	
STREET ADDRESS	2412 TACKROOM LN #5	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GURGANUS, LISA	
STREET ADDRESS	2201 COACH HOUSE BLVD #8	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYO, TONY	
STREET ADDRESS	4801 COACHMANS DR #4	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAN, ED	
STREET ADDRESS	2427 TACK ROOM LN #4	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard Laino
6.3 STREET ADDRESS	2258 Coach House Blvd, #5
6.4 CITY - ST - ZIP	ORLANDO FL 32812

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Date

407-246-2322

Daytime Phone # 0018968

CR2E037 (9/96)