

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90025 027 ****61.25

DOCUMENT # N12489

1. Corporation Name

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

Principal Place of Business

PO BOX 568846
ORLANDO FL 32856
US

Mailing Address

PO BOX 568846
ORLANDO FL 32856
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/11/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2775739

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLMAN, RANDY
203 E. HILLCREST STREET
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SWAN, RD
STREET ADDRESS 2427-4 TACK ROOM LANE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

1.1 TITLE D
1.2 NAME Hamilton, Jr. Robert
1.3 STREET ADDRESS 4806-3 Coachman's Dr.
1.4 CITY-ST-ZIP Orlando, FL

☐ Change ☒ Addition

TITLE VPD PD
NAME HAMILTON, ROBERT, III
STREET ADDRESS 4700-9 BUGGY WHIP LANE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

2.1 TITLE D
2.2 NAME Watson, Sara
2.3 STREET ADDRESS 2392-8 Bridle Path Lane
2.4 CITY-ST-ZIP Orlando, FL

☐ Change ☒ Addition

TITLE TD
NAME GERGICK, STEVEN
STREET ADDRESS 4806-6 COACHMAN'S DRIVE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

3.1 TITLE D
3.2 NAME Freeman, William
3.3 STREET ADDRESS 2211-2 Coach House Blvd.
3.4 CITY-ST-ZIP Orlando, FL

☐ Change ☒ Addition

TITLE SD
NAME WEILER, ROSE
STREET ADDRESS 4807-6 COACHMAN'S DRIVE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

4.1 TITLE D
4.2 NAME Guzman, Miriyam
4.3 STREET ADDRESS 4813-3 Coachman's Dr.
4.4 CITY-ST-ZIP Orlando, FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE VPD
5.2 NAME McGuire, Jack
5.3 STREET ADDRESS 2259-4 Coach House Blvd.
5.4 CITY-ST-ZIP Orlando, FL

☐ Change ☒ Addition

TITLE
NAME Guzman, Miriyam
STREET ADDRESS 4813-3 Coachman's Dr.
CITY-ST-ZIP Orlando, FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

ROSE WEILER REQUIRED Rose Weiler (407) 277-4851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)