

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 033 ****61.25

DOCUMENT # N12489 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2775739	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WALTER, PAMELA R 87 WEST MICHIGAN STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 T NAME STREET ADDRESS CITY-ST-ZIP	T HERRIN, CHERIE 2210-1 2259-4 COACH HOUSE BLVD ORLANDO, FL 32812 TREASURER		TITLE V-P NAME STREET ADDRESS CITY-ST-ZIP	ROBERT GIANETTE 2413-6 TACK ROOM LN. ORLANDO, FL 32812 V-PRESIDENT	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, ROBERT, III 4700-9 BUGGY WHIP LANE ORLANDO, FL 32812 PRESIDENT		TITLE SEC. NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH BARBER 4700-3 Buggy Whip LN. ORLANDO, FL 32812 SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORN, MAY 4813-9 COACHMANS DR. ORLANDO, FL 32812		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DEBRA GARCIA 4807-6 COACHMANS DR. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONELL, MIKE 2418-3 COACH HOUSE BLVD ORLANDO, FL 32806		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DIANNE ALBRIGHT 4807-3 COACHMANS DR. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEMAN, WILLIAM 2211-2 COACH HOUSE BLVD ORLANDO, FL 32812		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MIRYAM GUZMAN 4813-3 COACHMANS DR. ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, DIANE 2392-2 BRIDLE PATH LANE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cherie Herrin, Treasurer</u>			Date <u>4/24/06</u> Daytime Phone # <u>407-271-0972</u>		