

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 001 ****61.25

DOCUMENT # N12489

1. Entity Name
**THE COACH HOMES AT MARINERS' VILLAGE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address
PO BOX 568846 PO BOX 568846
ORLANDO, FL 32856 US ORLANDO, FL 32856 US

5516 Commerce Dr. Suite B-100
ORLANDO, FL 32839

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2355 Coach House Blvd. SAME AS ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO, FL.
Zip Country Zip Country
32812 ORANGE

02292008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
59-2775739 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTER PAMELA R
87 WEST MICHIGAN STREET CORRECTED ->
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name **WALTERS, PAMELA R.**
Street Address (P.O. Box Number is Not Acceptable)
5516 Commerce Dr. - Suite B-100
City **ORLANDO** FL Zip Code **32839**

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 **Pamela R. Walters** DATE **April 17, 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **T** ☒ Delete
NAME **HERRIN, CHERIE**
STREET ADDRESS **2210-1 COACH HOUSE BLVD**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **P** ☒ Delete
NAME **HAMILTON, ROBERT, III**
STREET ADDRESS **4700-9 BUGGY WHIP LANE**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **VP/D** ☐ Delete
NAME **GIANETTE, ROBERT**
STREET ADDRESS **2413-6 TACK ROOM LN**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **S** ☒ Delete
NAME **BARGER, ELIZABETH**
STREET ADDRESS **4700-3 BUGGY WHIP LN**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **D** ☐ Delete
NAME **GARCIA, DEBRA**
STREET ADDRESS **4807-6 COACHMAN'S DR**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **D SECRETARY** ☒ Delete
NAME **VAIENES, MARY LOU**
STREET ADDRESS **2386-8 BEIDLE PATH LN.**
CITY-ST-ZIP **ORLANDO, FL 32812**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/D** ☐ Change ☒ Addition
NAME **JOE ROSSIE**
STREET ADDRESS **2419-1 COACH HOUSE BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **P/D** ☐ Change ☒ Addition
NAME **KARL MUEHLBACH**
STREET ADDRESS **2201-9 COACH HOUSE BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **S/D** ☒ Change ☐ Addition
NAME **MARY LOU VARNES**
STREET ADDRESS **2386-8 BRIDLE PATH LN.**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **D** ☐ Change ☒ Addition
NAME **MAY HORN**
STREET ADDRESS **4813-9 COACHMAN'S DR.**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **D** ☐ Change ☒ Addition
NAME **PATRICIA PERKINS**
STREET ADDRESS **2201-9 COACH HOUSE BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Change ☐ Addition
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.

SIGNATURE: **Karl Muehlbach - President** DATE **04/28/08** DAYTIME PHONE **321-2439-8881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR