

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005645

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

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC8571656453**

**Current Principal Place of Business:**

2335 TAMIAMI TRAIL  
STE. 402  
NAPLES, FL 34103

**Current Mailing Address:**

2335 TAMIAMI TRAIL  
STE. 402  
NAPLES, FL 34103 US

**FEI Number: 27-1622978**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FARESE, JAMES  
2335 TAMIAMI TRAIL  
STE. 402  
NAPLES, FL 34103 US

*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: JAMES FARESE**

**04/13/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DUBESTER, BOB  
Address 2335 TAMIAMI TRAIL NORTH  
STE. 402  
City-State-Zip: NAPLES FL 34103

Title PRESIDENT  
Name KALIE, RON  
Address 2335 TAMIAMI TRAIL NORTH  
STE. 402  
City-State-Zip: NAPLES FL 34103

Title TREASURER  
Name EATON, SUZANNE  
Address 2335 TAMIAMI TRAIL NORTH  
STE. 402  
City-State-Zip: NAPLES FL 34103

Title SECRETARY  
Name BENJAMIN, GERALD  
Address 2335 TAMIAMI TRAIL NORTH  
SUITE 402  
City-State-Zip: NAPLES FL 34103

Title DIRECTOR  
Name MCCARTHY, MIKE  
Address 2335 TAMIAMI TRAIL  
STE. 402  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE: RON KALIE**

**PRESIDENT**

**04/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date