

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 049 ****61.25

DOCUMENT # 726789

1. Entity Name

**FOUR MILE VILLAGE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**401 VILLAGE ROAD
FOUR MILE VILLAGE
SANTA ROSA BEACH FL 32459
US**

Mailing Address

**401 VILLAGE ROAD
FOUR MILE VILLAGE
SANTA ROSA BEACH FL 32459
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1907997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COFEEN, E F
6 MOCKINGBIRD LANE
SANTA ROSA BEACH FL 32459**

-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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 NAME | T COFEEN, EDWIN F <input type="checkbox"/> Delete |
| STREET ADDRESS | 6 MOCKINBIRD LANE |
| CITY-ST-ZIP | SANTA ROSA BEACH FL |
| TITLE NAME | D VETTER, CYRIL <input type="checkbox"/> Delete |
| STREET ADDRESS | 4730 BLUEBELL STREET |
| CITY-ST-ZIP | BATON ROUGE LA 70808 |
| TITLE NAME | D MARICE, MARY <input type="checkbox"/> Delete |
| STREET ADDRESS | 108 STELLA STREET |
| CITY-ST-ZIP | ATLANTA GA 30327 |
| TITLE NAME | PD WELLS, DAVID <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 12132 POLO DRIVE |
| CITY-ST-ZIP | FAIRFAX VA 22033-4023 |
| TITLE NAME | D SANDERS, JOSEPH <input type="checkbox"/> Delete |
| STREET ADDRESS | 3526 MAPLE PARK DR |
| CITY-ST-ZIP | KINGWOOD TX 77339 |
| TITLE NAME | P/D Jones, Walter <input type="checkbox"/> Delete |
| STREET ADDRESS | 3075 Howell Mill Rd. |
| CITY-ST-ZIP | Atlanta, GA 30327 |

| | |
|----------------|--|
| TITLE NAME | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | Lancaster. Jerry |
| CITY-ST-ZIP | 259 Twisted Pine Trail Santa Rosa Beach, FL 32459 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 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: **Edwin Coffeen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05 (850) 267-1171

Date

Daytime Phone #

ATTACHMENT

Additional officer for block 10

D

Leyendecker, Charles

10006 Briar Drive

Houston, TX 77042

~~20004551~~
726789