

FILE NOW: FILING FEE IS \$61.25

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**Jun 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998.



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728530 (7)
1. Corporation Name
COACHMAN LAKES ESTATES ASSOCIATION, INC.



Principal Place of Business: 2341 CAMPBELL RD. CLEARWATER FL 34625 US
Mailing Address: 2341 CAMPBELL RD. CLEARWATER FL 34625 US

3. Date Incorporated or Qualified: 12/31/1973
4. FEI Number: 59-3177081
Applied For: Not Applicable

21. Principal Place of Business: 1785 McCauley Rd, Clearwater FL 33765 US
22. Suite, Apt. #, etc.
23. City & State: Clearwater FL
24. Zip: 33765
25. Country: US

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes [X] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No [X]

9. Name and Address of Current Registered Agent: RIEGEL, JAY, 2341 CAMPBELL RD. CLEARWATER FL 34625

10. Name and Address of New Registered Agent: Lance Cohen, 1785 McCauley Rd, Clearwater FL 33765

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 617.0502, Florida Statutes.
SIGNATURE: Lance M. Cohen, Treasurer, 6/10/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MCCANN, DAN	1.1 TITLE:	1.2 NAME: Pauline Deal
STREET ADDRESS: 1872 MCCAULEY	CITY-ST-ZIP: CLEARWATER FL 34625	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP: 2300 Campbell Rd, Clearwater, FL 33765
TITLE: V	NAME: DEAL, PAULINE	2.1 TITLE:	2.2 NAME: Lou Palermo
STREET ADDRESS: 2300 CAMPBELL RD	CITY-ST-ZIP: CLEARWATER FL 34625	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP: 1955 Jessica Rd, Clearwater FL 33765
TITLE: D	NAME: SKIBICKI, CHRISTOPHER	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 2327 CAMPBELL ROAD	CITY-ST-ZIP: CLEARWATER FL 34625	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: V	NAME: RIEGEL, JAY	4.1 TITLE:	4.2 NAME: Lance Cohen
STREET ADDRESS: 2341 CAMPBELL ROAD	CITY-ST-ZIP: CLEARWATER FL 34625	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP: 1785 McCauley Rd, Clearwater, FL 33765
TITLE: D	NAME: BAKER, SCOTT	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1825 JESSICA ROAD	CITY-ST-ZIP: CLEARWATER FL 34625	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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.
SIGNATURE: Lance M. Cohen (Lance Cohen) Treasurer, 6/10/98, 913-224-1152

CR2E037 (10/97)