

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728530

FILED  
Jan 14, 2012  
Secretary of State

Entity Name: COACHMAN LAKES ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

1871 MCCAULEY ROAD  
CLEARWATER, FL 33758 US

**New Principal Place of Business:**

1781 MCCAULEY ROAD  
CLEARWATER, FL 33765 US

**Current Mailing Address:**

1871 MCCAULEY ROAD  
CLEARWATER, FL 33758 US

**New Mailing Address:**

1781 MCCAULEY ROAD  
CLEARWATER, FL 33765 US

FEI Number: 59-3177081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GEORGE G. PAPPAS, P.A.  
1871 NORTH BELCHER ROAD  
SUITE 200  
CLEARWATER, FL 33765 US

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

GEORGE G. PAPPAS, P.A.  
1822 NORTH BELCHER ROAD  
SUITE 200  
CLEARWATER, FL 33765 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:

01/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAPA, MARIA  
Address: 1781 MCCAULEY ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

Title: V  
Name: KASTRENAKES, MARIA  
Address: 1755 MCCAULEY ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

Title: S  
Name: OVERSTREET, BARBARA  
Address: 1750 MCCAULEY ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

Title: D  
Name: SKIBICKI, EVA  
Address: 2327 CAMPBELL RD.  
City-St-Zip: CLEARWATER, FL 33765

Title: T  
Name: SKIBICKI, CHRISTOPHER  
Address: 2327 CAMPBELL ROAD  
City-St-Zip: CLEARWATER, FL 33765

Title: D  
Name: KASTRENAKES, MICHAEL  
Address: 1755 MCCAULEY ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

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: CHRISTOPHER SKIBICKI

T

01/14/2012

Electronic Signature of Signing Officer or Director

Date