

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90028 026 \*\*\*\*61.25

<b>DOCUMENT # 749436</b> 1. Entity Name <b>COACH HOUSE EAST &amp; WEST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2301 NE 14TH ST. CAUSEWAY POMPAÑO BEACH, FL 33062</b>			Mailing Address <b>2301 NE 14TH ST. CAUSEWAY POMPAÑO BEACH, FL 33062</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2027095</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				02262007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>ROSE, ADAM - 2301 NE 14 ST 301 W POMPAÑO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name <b>DANIEL PIETRKIEWICZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2301 NE 14 ST.</b> City <b>POMPAÑO BEACH, FL</b> Zip Code <b>33062</b>		
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: <u><i>Daniel Pietrkiewicz</i></u> <b>DANIEL PIETRKIEWICZ</b> <u>03-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVARRA, VINCENT 2301 NE 14 ST 305E POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESURER LOWELL DONOFRIO 2301 N.E. 14 ST. POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKS, ROBERT 201 NE 14 ST 203 W POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DANIEL PIETRKIEWICZ 2301 N.E. 14 ST. POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, ADAM 2301 NE 14TH ST 301W POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRIS CARBONELL 2301 N.E. 14 ST. POMPAÑO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address, with all other like empowered.					
SIGNATURE: <u><i>Daniel Pietrkiewicz</i></u> <b>DANIEL PIETRKIEWICZ</b>			<u>3-13-07</u> <b>954-609-6286</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		