

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749616

**FILED**  
**Jan 15, 2006**  
**Secretary of State**

**Entity Name:** COACH GATE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

107 MACFARLANE DR  
#104  
DELRAY BEACH, FL 334836832 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 MACFARLANE DRIVE  
104 C/O HUNTER JONES  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 65-0400972      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JONES, HUNTER  
107 MACFARLANE DRIVE #104  
DELRAY BEACH, FL 33483 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SIGMORELLI, JOHN  
Address: 107 MACFARLANE DR #103  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD ( ) Delete  
Name: REINGOLD, MARK  
Address: 107 MACFARLANE DRIVE, #204  
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD ( ) Delete  
Name: JONES, HUNTER  
Address: 107 MACFARLANE DRIVE #104  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HUNTER JONES

STD

01/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date