


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90010 022 ****61.25

DOCUMENT # 749616
 1. Entity Name
COACH GATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 107 MACFARLANE DR, #101 107 MACFARLANE DR, #101
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483
 US US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 4. FEI Number **65-0400972** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 JONES, HUNTER
 107 MACFARLANE DRIVE #104
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
 Name **SIGNORELLI JOHN S.**
 Street Address (P.O. Box Number is Not Acceptable)
107 MACFARLANE DRIVE
UNIT # 101
 City **DELRAY BEACH FL** Zip Code **33483**

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 *John S. Signorelli* DATE **1-28-07**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input type="checkbox"/> Delete SIGNORELLI, JOHN 107 MACFARLANE DR #103 DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Delete REINGOLD, MARK 107 MACFARLANE DRIVE, #204 DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	STD <input checked="" type="checkbox"/> Delete JONES, HUNTER 107 MACFARLANE DRIVE #104 DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SIGNORELLI, JOHN 107 MACFARLANE DR. #101 DELRAY BEACH FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADE, ROBERT 107 MACFARLANE DR #104 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUNDENGAN, CHARLOTTE 107 MACFARLANE DR #103 DELRAY BEACH, FL 33483
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"/> Change <input type="checkbox"/> Addition
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 Section 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: *John S. Signorelli* PD JOHN S. SIGNORELLI 1/28/07
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
 561 276 9696