

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90030 031 ****61.25

DOCUMENT # 751555

1. Entity Name
COACH LIGHT ESTATES, SECTION II, INC.



Principal Place of Business
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Mailing Address
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

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



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3028558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, WINFIELD	
STREET ADDRESS	646 FELLOWSHIP DRIVE	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, CAROL	
STREET ADDRESS	600 FELLOWSHIP DRIVE	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURRAY, CINDY A	
STREET ADDRESS	645 FELLOWSHIP DRIVE	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VICARI, DOMINIC	
STREET ADDRESS	677 PARCHMENT LN	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WROBEL, FAITH	
STREET ADDRESS	641 FELLOWSHIP DR	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, BETTY	
STREET ADDRESS	620 FELLOSHIP DR	
CITY-ST-ZIP	FERN PARK, FL 32730	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEMONSKI, KONSTANCE	
STREET ADDRESS	689 FELLOWSHIP DR	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICARI, DOMINIC	
STREET ADDRESS	656 FELLOWSHIP DR	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Win Adams Win Adams 3/19/2008 407-310-1110
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *