

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:24

DOCUMENT # 759121 (7)

1. Corporation Name

COACH LIGHT MANOR ASSOCIATION, INC.

Principal Place of Business

**18050 S. TAMiami TRAIL
FT MYERS FL 33908**

Mailing Address

**18050 S. TAMiami TRAIL
FT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1981

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2110212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREDS, BRYCE S.
18050 S TAMiami TRAIL, #98
FT. MYERS FL 33908**

81

Name

Edward Jay

82

Street Address (P.O. Box Number is Not Acceptable)

18050 S. Tamiami Trl. #32

83

84

City

Fort Myers

FL

85

Zip Code

33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Edward Jay
Signature, typed or printed name of registered agent and (use if applicable)

(NOTE: Registered Agent signature required when reappointing)

3/24/95
Date

12. OFFICERS AND DIRECTORS

TITLE

VSD

NAME

KISER, BETTY

STREET ADDRESS

18050 S TAMiami TR #99

CITY - ST - ZIP

FT. MYERS FL

TITLE

PD

NAME

HARRIS, DOROTHY

STREET ADDRESS

18050 S TAMiami TR #150

CITY - ST - ZIP

FT. MYERS FL

TITLE

TD

NAME

RAWSTHORNE, FRED

STREET ADDRESS

18050 S TAMiami TRAIL, #113

CITY - ST - ZIP

FT. MYERS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SD

☒ Change ☐ Addition

1.2 NAME

Kiser, Betty

1.3 STREET ADDRESS

18050 S. Tamiami Tr #99

1.4 CITY - ST - ZIP

Ft. Myers, FL 33908

2.1 TITLE

PD

☒ Change ☐ Addition

2.2 NAME

Edward Jay

2.3 STREET ADDRESS

18050 S. Tamiami Tr #32

2.4 CITY - ST - ZIP

Ft. Myers, FL 33908

3.1 TITLE

TD

☒ Change ☐ Addition

3.2 NAME

Coleen Allred

3.3 STREET ADDRESS

18050 S. Tamiami Tr #119

3.4 CITY - ST - ZIP

Ft. Myers, FL 33908

4.1 TITLE

VD

☐ Change ☒ Addition

4.2 NAME

Duane Brandt

4.3 STREET ADDRESS

18050 S. Tamiami Tr #126

4.4 CITY - ST - ZIP

Ft. Myers, FL 33908

5.1 TITLE

NAME

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

NAME

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Jay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Jay

3/24/95
Date

267-9255
Telephone Number