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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759121

1. Corporation Name
COACH LIGHT MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18050 S. TAMIAMI TRAIL FT MYERS FL 33908	18050 S. TAMIAMI TRAIL FT MYERS FL 33908

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2110212 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOONAN, RAYMOND 18050 S TAMIAMI TRL #113 FT. MYERS FL 33908	81 Name: Joseph Duffy 82 Street Address (P.O. Box Number is Not Acceptable): 18080 S. Tamiami Tr. 83: #71 84 City: Fort Myers FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joseph Duffy DATE: 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MCKINLEY, HAROLD		1.2 NAME	Joseph Duffy	
STREET ADDRESS	18050 S TAMIAMI TRL, #136		1.3 STREET ADDRESS	18050 S. Tamiami Tr. #71	
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	RAY NOONAN		2.2 NAME	Richard Martin	
STREET ADDRESS	18050 S TAMIAMI TR, #113		2.3 STREET ADDRESS	18050 S. Tamiami Tr. #154	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENNE, MARY R		3.2 NAME		
STREET ADDRESS	18050 S TAMIAMI TRL, #118		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERES FL 33908		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Mary R. Henne SIGNATURE REQUIRED Mary R. Henne 4/15/99 941-267-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)