

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90087 003 ****70.00

DOCUMENT # 759121 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2110212	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITCHELL, WALTER 18050 S TAMiami TR., #140 FORT MYERS, FL 33908			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, KATHY 18050 S TAMiami TR #97 FT MYERES, FL 33908 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, PATRICIA 18050 S TAMiami TR #25 FORT MYERS, FL 33908 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROLL, D. BROWN 10850 S TAMiami TR #23 FORT MYERS, FL 33908 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY HAROLD 18050 S TAMiami TR #136 FORT MYERS, FL 33908 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDS, BRYCE 18050 S TAMiami TR #98 FORT MYERS, FL 33908 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, BRENDA 18050 S TAMiami TR #69 FORT MYERS, FL 33908 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISER, BETTY 18050 S TAMiami TR #99 FORT MYERS, FL 33908 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, WALTER 18050 S TAMiami TR., #140 FORT MYERS, FL 33908 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE-SEVICK, CHARLETTE 18050 S TAMiami TR., #20 FORT MYERS, FL 33908 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 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: <i>Walter Mitchell</i>			12 Apr 04 (239) 267 3040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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