

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90202 035 ****61.25

DOCUMENT # 759121 1. Entity Name COACH LIGHT MANOR ASSOCIATION, INC.						
Principal Place of Business 18050 S. TAMAMI TRAIL FT MYERS, FL 33908			Mailing Address 18050 S. TAMAMI TRAIL FT MYERS, FL 33908			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-2110212		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MITCHELL, WALTER 18050 S TAMAMI TR., #140 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name Bryce Freds Street Address (P.O. Box Number is Not Acceptable) 18050 S Tamiami Tr #98 City Ft Myers FL Zip Code 33908		
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 <u><i>Bryce L Freds</i></u> 4/21/06 Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when retreating)						
Filing Fee is \$61.25 Due by May 1, 2006		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-STATE-ZIP	T RUEGER, LARRY ☐ Delete 18050 S TAMAMI TR 88 FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V-T ☒ Change ☐ Addition Rueger, Larry 18050 S Tamiami Tr #88 Ft Myers, FL 33908	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPO ☐ Delete MARTIN, PHYLLIS 18050 S TAMAMI TR 154 FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☒ Change ☐ Addition Martin, Phylliss 18050 S Tamiami Tr #154 Ft Myers, FL 33908	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete FREDS, BRYCE 18050 S TAMAMI TR #98 FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ☒ Change ☐ Addition Freds, Bryce 18050 S Tamiami Tr #98 Ft Myers, FL 33908	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ☒ Delete WILLIAMS, SHIRLEY 18050 S TAMAMI TR 83 FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ☐ Change ☒ Addition Heflin, Maxine 18050 S Tamiami Tr #89 Ft Myers FL 33908	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO ☒ Delete MITCHELL, WALTER 18050 S TAMAMI TR., #140 FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☒ Addition Hunt, Jim 18050 S Tamiami Tr # 23 Ft Myers, FL 33908	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete MCKINLEY, HAROLD 18050 S. TAMAMI TRAIL #136 FORT MYERS, FL 33908			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☒ Addition Roll, D. 18050 S Tamiami Tr # 106 Ft Myers, FL 33908	
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: <u><i>Bryce L Freds</i></u> 4/21/06 239/867-4030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759121

1. Entity Name
COACH LIGHT MANOR ASSOCIATION, INC.



Principal Place of Business
**18050 S. TAMAMI TRAIL
FT MYERS, FL 33908**

Mailing Address
**18050 S. TAMAMI TRAIL
FT MYERS, FL 33908**

ATTACHMENT

400 63740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2110212

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, WALTER
18050 S TAMAMI 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

Bryce L. Freds

4/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

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	T	☐ Delete
NAME	WUEGER, LARRY	
STREET ADDRESS	18050 S TAMAMI TR 88	
CITY-STATE-ZIP	FORT MYERS, FL 33908	
TITLE	VPO	☒ Delete
NAME	MARTIN, PHYLLIS	
STREET ADDRESS	18050 S TAMAMI TR 184	
CITY-STATE-ZIP	FORT MYERS, FL 33908	
TITLE	D	☐ Delete
NAME	FREDS, BRYCE	
STREET ADDRESS	18050 S TAMAMI TR 88	
CITY-STATE-ZIP	FORT MYERS, FL 33908	
TITLE	S	☐ Delete
NAME	WILLIAMS, SHIRLEY	
STREET ADDRESS	18050 S TAMAMI TR 83	
CITY-STATE-ZIP	FORT MYERS, FL 33908	
TITLE	PO	☐ Delete
NAME	MITCHELL, WALTER	
STREET ADDRESS	18050 S TAMAMI TR., #140	
CITY-STATE-ZIP	FORT MYERS, FL 33908	
TITLE	D	☐ Delete
NAME	MCKINLEY, HAROLD	
STREET ADDRESS	18050 S. TAMAMI TRAIL #138	
CITY-STATE-ZIP	FORT MYERS, FL 33908	

TITLE	D	☐ Change ☒ Addition
NAME	Baillargeon, Mike	
STREET ADDRESS	18050 S Tamiami Tr #144	
CITY-STATE-ZIP	Ft Myers, FL 33908	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 filers empowered.

SIGNATURE:

Bryce L. Freds

4/21/06

339-267-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #