

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90099 033 \*\*\*\*61.25

<b>DOCUMENT # 759121</b> 1. Entity Name <b>COACH LIGHT MANOR ASSOCIATION, INC.</b>					
Principal Place of Business <b>18050 S. TAMiami TRAIL FT MYERS, FL 33908</b>			Mailing Address <b>18050 S. TAMiami TRAIL FT MYERS, FL 33908</b>		
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		4. FEI Number <b>59-2110212</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03062007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>FREDS, BRYCE 18050 S TAMiami TR 98 FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name <b>Phyllis MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>18050 S. TAMiami TR #154</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33908</b>		
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 <i>Phyllis Martin</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <b>3-6-07</b> (NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUEGER, LARRY</b> <b>18050 S TAMiami TR 88</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MIKE BAILLARGEON</b> <b>18050 S. TAMiami TR #144</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <b>MARTIN, PHYLISS</b> <b>18050 S TAMiami TR 154</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAUL Blount - D</b> <b>18050 S. TAMiami TR #86</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREDS, BRYCE</b> <b>18050 S TAMiami TR #98</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Roger EHALT</b> <b>18050 S. TAMiami TR #120</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HEFLIN, MAXINE</b> <b>18050 S TAMiami TR 89</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRUVA FRIESEN</b> <b>18050 S. TAMiami TR #40</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNT, JIM</b> <b>18050 S TAMiami TR 23</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKINLEY, HAROLD</b> <b>18050 S. TAMiami TRAIL #136</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Larry Rueger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <b>3/6/07</b> DAYTIME PHONE # <b>231-557-0128</b>		