

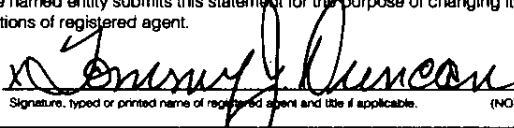



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90008 014 \*\*\*\*70.00

<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 # <b>18050 S. TAMiami TR</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>#4</b>		Suite, Apt. #, etc. <b>#4</b>			
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>			
Zip <b>33908</b>		Country <b>USA</b>		4. FEI Number <b>59-2110212</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02262008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>MARTIN, PHYLLIS 18050 S TAMiami TR #154 FORT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name <b>TOM DUNCAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>18050 S. TAMiami TR # 135</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  DATE <b>02-27-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUEGER, LARRY 18050 S TAMiami TR 88 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LEO THOMAS 18050 S. TAMiami TR # 174 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, PHYLISS 18050 S TAMiami TR 154 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR TREVIA FRIESZ 18050 S. TAMiami TR # 40 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILLARGEON, MIKE 18050 S. TAMiami TR #144 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. TOM DUNCAN 18050 S. TAMiami TR # 135 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEFLIN, MAXINE 18050 S TAMiami TR 89 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROYCE EHART 18050 S. TAMiami TR # 120 FORT MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, PAUL 18050 S. TAMiami TR #86 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. DARREL HODGLEY 57 STURBRIDGE LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINLEY, HAROLD 18050 S. TAMiami TRAIL #136 FORT MYERS, FL 33908	<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.					
<b>SIGNATURE:</b>  <b>-Treas.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/27/08</b> <small>Date</small>		<b>231-557-0128</b> <small>Daytime Phone #</small>