

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90173 041 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2110212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOADLEY, DARREL
18050 S TAMiami TR., #58
FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **Walter Mitchell**
Street Address (P.O. Box Number is Not Acceptable)
18050 S. Tamiami Tr
140
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

Walter Mitchell

7 Aug 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRAY, PAT 18050 S TAMiami TR., #58 FT MYERES FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, RICHARD 18050 S TAMiami TR., #154 FORT MYERS FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOADLEY, DARREL 18050 S TAMiami TR #57 FORT MYERS FL 33908	☒ Delete
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	VPD MITCHELL, WALTER 18050 S TAMiami TR., #140 FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE-SEVICK, CHARLETTE 18050 S TAMiami TR., #20 FORT MYERS FL 33908	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathy Thomas 18050 S. Tamiami Tr #97 Ft Myers FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD D. Brown Roll 18050 S. Tamiami Tr #23 Ft Myers FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bruce Freds 18050 S. Tamiami Tr #98 Ft Myers FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Walter Mitchell 18050 S. Tamiami Tr #140 Ft Myers FL 33908	☒ Change ☐ Addition
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:

Walter Mitchell

7 Aug 03 40235-3955

CR2E037 (4/03)