

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**  
95 FEB 17 PH 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762867 (0)  
1. Corporation Name  
COACH RESIDENTS, INC.

Principal Place of Business Mailing Address  
10 EAST LANE COACH HOUSE PALMETTO FL 34221

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 04/14/1982 3a. Date of Last Report 03/17/1994  
4. FEI Number 59-2187833 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
S, WILLIAM  
LARKSPUR  
PALMETTO FL 34221

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	MOATS, WILLIAM
STREET ADDRESS	13 LARKSPUR
CITY - ST - ZIP	PALMETTO FL
TITLE	PD
NAME	LOSEN, FRANK
STREET ADDRESS	1 COACH
CITY - ST - ZIP	PALMETTO FL
TITLE	D
NAME	JACKSON, MARVIN
STREET ADDRESS	20 IMPERIAL
CITY - ST - ZIP	PALMETTO FL
TITLE	D
NAME	FRIEDHABER, GEORGE
STREET ADDRESS	46 NURIUM
CITY - ST - ZIP	PALMETTO FL
TITLE	SD
NAME	LEUTSCHER, ARTHUR
STREET ADDRESS	68 NURIUM COURT
CITY - ST - ZIP	PALMETTO FL
TITLE	D
NAME	WAHL, DOROTHY
STREET ADDRESS	88 LARKSPUR
CITY - ST - ZIP	PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Moats 2-10-95 (813) 729-2627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.**

<b>FILING FEE \$130.00</b>	<b>ANNUAL REPORT \$61.25 + \$68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE</b>
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**Reminder:**

- Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
- Include information in Blocks 3 and 4 if not preprinted by the computer.
- Signature of the proper officer or director as noted in Instructions for Block 14.
- Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
- Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$130.00.

- Block 1. Block 1 is preprinted with the corporation's name, document n of corporation cannot be changed by way of this annual report
- Block 2. Enter the principal place of business if different from the
- Block 2a. If the computer-entered mailing address in Block 1 is
- Block 3. Enter the date of incorporation or qualification with
- Block 3a. Enter the file date of the last filed annual rep
- Block 4. Complete Block 4 by entering your Federal Ei now provide the FEI number. For assistance
- Block 5. Should you desire a certificate reflecting you fee.
- Block 6. Florida law allows for a voluntary contributi and members of the Cabinet. If you would lik
- Block 7. If this corporation is a non-profit corporatio is not subject to the \$68.75 supplemental co corporation fee. Please direct all questions t
- Block 8. Check the appropriate box. Please direct all i
- Block 9. The law requires that each corporation have in Block 10. There is no additional fee to cha
- Block 10. Enter name of new Registered Agent and/or THE CORPORATION CANNOT BE ITS OWN F
- Block 11. The new registered agent must indicate fami signing in Block 11. No signature is necessar their position with the corporation. NOTE: Re
- Block 12. Block 12 contains the last information on off block 13. If there is no change in the inform
- Block 13. Block 13 is for changes or additions to the e; title line: P=President; V=Vice President; T= positions, e.g., S/D; V/S; V/T/D. A NON-PROI or "T" MUST BE PLACED BY THE NAME OF I director's address is confidential pursuant to If there is no street address, enter the mailing
- Block 14. This report must be signed in Block 14 with t in Block 12, Block 13 if a change, or on an att A signature placed on an attachment in lieu

PD  
**JACKSON, MARVIN**  
**20 IMPERIAL**  
**PALMETTO, FL 34221**

VD  
**FRIEDHABER, GEORGE**  
**46 NURIUM**  
**PALMETTO, FL 34221**

TD  
**MOATS, WILLIAM**  
**13 LARKSPUR**  
**PALMETTO, FL 34221**

SD  
**JOHNSON, JOHN**  
**6 JASMINE**  
**PALMETTO, FL 34221**

D  
**WAHL, DOROTHY**  
**88 LARKSPUR ROAD**  
**PALMETTO, FL 34221**

D  
**BURKHOLDER, DONALD**  
**23 WEST RD.**  
**PALMETTO, FL 34221**

D  
**HOUESHELL, GERALD**  
**23 JASMINE**  
**PALMETTO, FL 34221**

ly reported to our office. The name

orted, in Block 2.

ceptable.

" is preprinted in Block 4, you must

ide an additional \$8.75 with your filing

mpaigns for the offices of the Governor

ase check the box. The corporation' tions must pay the supplemental

correct, enter the correct information

IT acceptable for service of process.

d this appointment by completing and ration, the person signing must state

ections or additions are to be made in

Use the following type symbols on the olds more than one position, enter all STREET ADDRESSES. THE LETTER "D" AGE OR OLDER. NOTE: If officer or Directors must list street addresses.

Director of the Corporation that is listed t be signed by the trustee or receiver.

> this address:

Send only 1995 Preprinted Annual Repo with stub and check to:  
 Division of Corporations  
 Annual Reports  
 Post Office Box 1500  
 Tallahassee, Florida 32302-1500  
 Phone Number: (904) 487-6056

Post Office Box 632 /  
 Tallahassee, Florida 32314  
 Street Address (Overnight Delivery):  
 409 East Gaines Street  
 Tallahassee, Florida 32399

**INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.