

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762867 (0)
 1. Corporation Name
COACH RESIDENTS, INC.

Principal Place of Business 10 EAST LANE COACH HOUSE PALMETTO, FL 34221	Mailing Address 10 EAST LANE COACH HOUSE PALMETTO, FL 34221
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/14/1982	3a. Date of Last Report 3-4-96
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2187833	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOATS, WILLIAM 13 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
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	SEE ATTACHED
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002123682
STREET ADDRESS		5.3 STREET ADDRESS	-03/25/97--01051--036
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William W. Moats **3/17/97** (941)729-2627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

pp. 2 of 2

13.

OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, MARVIN
STREET ADDRESS	20 IMPERIAL
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VD
NAME	FRIEDHABER, GEORGE
STREET ADDRESS	46 NURIUM
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	TD
NAME	MOATS, WILLIAM
STREET ADDRESS	13 LARKSPUR
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	SD
NAME	WAHL, DOROTHY
STREET ADDRESS	88 LARKSPUR
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	HOUESHELL, GERALD
STREET ADDRESS	23 JASMINE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	CURRY, THELMA
STREET ADDRESS	11 JASMINE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	PLACE, LYLE
STREET ADDRESS	4 WEST RD.
CITY-ST-ZIP	PALMETTO, FL 34221