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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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0066568

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 762867**

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

140303 - 30070 - 41



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/14/1982

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

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME JACKSON, MARVIN  
 STREET ADDRESS 20 IMPERIAL  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE ~~PD~~  DELETE  
 NAME FRIEDHABER, GEORGE  
 STREET ADDRESS 46 NURIUM  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE TD  DELETE  
 NAME MOATS, WILLIAM  
 STREET ADDRESS 13 LARKSPUR  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE D  DELETE  
 NAME HOUESHELL, GERALD  
 STREET ADDRESS 23 JASMINE  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE ~~SD~~  DELETE  
 NAME WAHL, DOROTHY  
 STREET ADDRESS 88 LARKSPUR ROAD  
 CITY-ST-ZIP PALMETTO FL

TITLE D  DELETE  
 NAME CURRY, THELMA  
 STREET ADDRESS 11 JASMINE  
 CITY-ST-ZIP PALMETTO FL 34221

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  Change  Addition  
 1.2 NAME DUNHAM DUANE  
 1.3 STREET ADDRESS 36 KINGSPORT  
 1.4 CITY-ST-ZIP PALMETTO FL 34221

2.1 TITLE D  Change  Addition  
 2.2 NAME MEEUWENBERG HAROLD  
 2.3 STREET ADDRESS 41 LARKSPUR  
 2.4 CITY-ST-ZIP PALMETTO FL 34221

3.1 TITLE D  Change  Addition  
 3.2 NAME WEBSTER ROBERT  
 3.3 STREET ADDRESS 17 IMPERIAL  
 3.4 CITY-ST-ZIP PALMETTO FL 34221

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: WILLIAM MOATS  
 SIGNATURE: *W. Moats* 1-11-99 941-729-2627  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)