

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90024 005 \*\*\*\*\*61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999

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



DOCUMENT # 769866

1. Corporation Name

COACHMAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
911 BAY ESPLANDE  
CLEARWATER BEACH FL 34630

Mailing Address  
911 BAY ESPLANDE  
CLEARWATER BEACH FL 33767  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/16/1983
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2136816
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
KERSTEIN, HARVEY 911 BAY ESPLANADE CLEARWATER BEACH FL 34630		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	
NAME	HOSLEY, FREDERICK E.	1.2 NAME	
STREET ADDRESS	2127 N.E. COACHMAN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	KERSTEIN, HARVEY L.	2.2 NAME	
STREET ADDRESS	911 BAY ESPLANADE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	KERSTEIN, DANA B.	3.2 NAME	
STREET ADDRESS	911 BAY ESPLANADE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 727-461-5828

CR2E037 (11/98)