2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 769866				Feb 04, 2004 08:00 AM Secretary of State		
COACHM	IAN CONDOMINIUM ASSO	CIATION, INC.		, , , , , , , , , , , , , , , , , , , ,		
Principal Plac	e of Business	Mailing Address		-		
CLEARWATER BEACH FL 34630		911 BAY ESPLANDE CLEARWATER BEACH FL 33767 US		A IMBAIL IMBAN BROOM DROOM THE BUTTER BUTTER BOOK SOURCE STORES SA	(2005 (銀貨) (2001 100 110 110 110 110 110 110 110 110 110 110 110 110 110 110 1	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E037 (11/03)		
City & State		City & State		4. FEI Number 59-2136816	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	ent	
KERSTEIN, HARVEY				Street Address (P.O. Box Number is Not Acceptable)		
	BAY ESPLANADE CARWATER BEACH FL 3376	37				
			City		Zip Code	
avade adl B	named antity submits this statement for	or the aurmose of changing its	registered office or reals	FL ered agent, or both, in the State of Florida. 1 am f	formiliar with and against	
signature	tions of registered agent. Signature, typed or printed name of registered agent			<u> </u>		
	Digitaliane, 19900 or printed that is or registered deport	and the a applicable. (NO)	E Registered Agent signature requ	red when reinstating) DATE		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Car	The postered Agent separate requirements The property of the posterior of	\$5.00 May Be Added to Fees Florida Depart		
10,	FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND D	9. Efection Car Trust Fund (mpaign Financing	\$5.00 May Be Make Check	TRECTORS IN 10	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DI PD HOSLEY, FREDERICK E. 2127 N.E. COACHMAN RD. CLEARWATER FL	9. Efection Car Trust Fund (mpaign Financing Contribution,	\$5.00 May Be Make Check Added to Fees Florida Depart	TECTORS IN 10	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas. 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 uorporation 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, primell pher like empowered.

SIGNATURE: _

ATMRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

FILED

727-461-5828