

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL 28 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003485

1. Corporation Name

Coachman Glen Resident's Association, Inc.

REINSTATEMENT 03-05

100058003611
07/28/05--01013--002 **542.50

2. Principal Office Address

2842 Coach House Way

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34105

Country
USA

3. Mailing Office Address

5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Naples, FL

Zip

34108

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/2001

5. FEI Number

593721547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ellen A. Goldman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

5801 Pelican Bay Boulevard

Suite, Apt. #, Etc.

Suite 300

City

Naples

State

FL

Zip Code

34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ellen A. Goldman

Date 7/12/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Chris Heaslip	2842 Coach House Way	Naples, FL 34105
UP/D	Paul Basile	2846 Coach House Way	Naples, FL 34105
T/D	Amber Ketchum	2851 Coach House Way	Naples, FL 34105
A/D	Denge Dolde	2843 Coach House Way	Naples, FL 34105

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chris Heaslip
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/05 (239)253-8002
Date Daytime Phone #

8/5/05

CR2E081 (01/05)