

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# N01000003485

Entity Name: COACHMAN GLEN RESIDENT'S ASSOCIATION, INC.

Current Principal Place of Business:

2842 COACH HOUSE WAY
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

5801 PELICAN BAY BLVD.
SUITE 300
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3721547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, ELLEN A ESQ.
5801 PELICAN BAY BOULEVARD
SUITE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEASLIP, CHRIS
Address: 2842 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

Title: UPD () Delete
Name: BASILE, PAUL
Address: 2846 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: KETCHUM, AMBER
Address: 2851 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

Title: AD () Delete
Name: DOLDE, DENGE
Address: 2843 COACH HOUSE WAY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS HEASLIP

PD

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date