

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90061 041 ****61.25

DOCUMENT # N01000008890
 1. Entity Name
 COACH MOBILE HOME ASSOCIATION, INC.



Principal Place of Business
 2491 NURSERY ROAD
 UNIT 8
 CLEARWATER, FL 33764

Mailing Address
 2491 NURSERY ROAD
 UNIT 8
 CLEARWATER, FL 33764

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

02062005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3761481

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 SPIEGEL & UTERA, P.A.
 1840 SOUTHWEST-22ND STREET
 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	PUSCH, EDWARD E	
STREET ADDRESS	2491 NURSERY ROAD, UNIT 8	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUINUN, LAWRENCE	
STREET ADDRESS	2491 NURSERY ROAD, UNIT 8	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ECKENRODE, ZAIDA	
STREET ADDRESS	2491 NURSERY ROAD UNIT 29	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NICHOLS, SHARON	
STREET ADDRESS	2491 NURSERY ROAD, UNIT 47	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN Shepard	
STREET ADDRESS	2491 Nursery Rd. - UNIT 27	
CITY-ST-ZIP	CLEARWATER, FL. 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence Guinan 02/08/05 (727) 507-8901
 LAWRENCE GUINAN PD. Daytime Phone #