

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90152 007 \*\*\*\*61.25

**DOCUMENT # N02000001113**



1. Entity Name  
**COACHMAN MEADOWS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
 4729 U.S. HIGHWAY 17  
 SUITE 204  
 ORANGE PARK, FL 32003

Mailing Address  
 4729 U.S. HIGHWAY 17  
 SUITE 204  
 ORANGE PARK, FL 32003

**50024144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**52-2381023**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, SUSAN D  
 4729 U.S. HIGHWAY 17  
 SUITE 204  
 ORANGE PARK, FL 32003

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 \_\_\_\_\_

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D  Delete  
 NAME CARMINE, CURTIS A  
 STREET ADDRESS 12061 CARRIAGE LAND COURT  
 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V/D  Delete  
 NAME LUCA, JAMES J  
 STREET ADDRESS 2518 COACHMAN LAKES DR.  
 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME MCDONALD, JASON T  
 STREET ADDRESS 12100 LIVERY DR.  
 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME HARRELL, SARAH  
 STREET ADDRESS 2493 CARRIAGE LAMP DR.  
 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Curtis A. Car...*

3/4/05