


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90031 030 \*\*\*\*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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2381023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$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 CYNTHIA O'NEIL		
			Street Address (P.O. Box Number is Not Acceptable) C/O MAY MANAGEMENT		
			5455 US HWY A1A SOUTH		
			City ST. AUGUSTINE, FL		Zip Code 32080
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 <i>Cynthia O'Neil</i>		CYNTHIA O'NEIL		DATE 2/16/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input checked="" type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARMINE, CURTIS A	NAME	JAMES, MARTIZA		
STREET ADDRESS	12061 CARRIAGE LAND COURT	STREET ADDRESS	2597 CARRIAGE LAMP DR.		
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	V/D <input checked="" type="checkbox"/> Delete	TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LUCA, JAMES J	NAME	GRIFFUS, STEPHANIE		
STREET ADDRESS	2518 COACHMAN LAKES DR.	STREET ADDRESS	2495 COACHMAN LAKES DR.		
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCDONALD, JASON T	NAME	OSSMAN, THOMAS		
STREET ADDRESS	12100 LIVERY DR.	STREET ADDRESS	2468 CARRIAGE LAMP DR.		
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARRELL, SARAH	NAME	MCCARTHY, KIM		
STREET ADDRESS	2493 CARRIAGE LAMP DR.	STREET ADDRESS	12131 LIVERY DR.		
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Martiza James</i>		MARTIZA JAMES		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	