

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008076

1. Entity Name
**THE COACH HOMES AT CAPE HARBOUR
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5828 CAPE HARBOUR DR #102
CAPE CORAL, FL 33914**

Mailing Address

**5828 CAPE HARBOUR DR #102
CAPE CORAL, FL 33914**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4536008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF P A
14241 METROPOLIS AVE STE 100
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000854253
03/26/08-80100-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MANFRED, WANTULLA
STREET ADDRESS 5626 CAPE HARBOUR DR #201
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE S
NAME GLUCK, CHARLES
STREET ADDRESS 1571 HOLLY BLVD
CITY-ST-ZIP MANASQUAN, NJ 08736

TITLE VT
NAME KERBS, WILLIAM
STREET ADDRESS 5602 CAPE HARBOUR DR #102
CITY-ST-ZIP CAPE CORAL, FL 33914

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/08