

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

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

02-10-2005 90062 046 \*\*\*\*61.25

**DOCUMENT # N04000005277**  
 1. Entity Name  
 COACH HOMES I AT MOODY RIVER ESTATES  
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 12601 W LINKS DR  
 UNIT #7  
 FT MYERS, FL 33912

Mailing Address  
 12601 W LINKS DR  
 UNIT #7  
 FT MYERS, FL 33912

50013619



2. Principal Place of Business  
 12601 Westlinks Dr.

3. Mailing Address  
 12601 Westlinks Dr.

Suite, Apt. #, etc.  
 Unit 7

Suite, Apt. #, etc.  
 Unit 7

City & State  
 Fort Myers, Florida

City & State  
 Fort Myers, Florida

01062005 Chg-NP CR2E037 (10/03)

Zip Country  
 33913 USA

Zip Country  
 33913 USA

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SHIELDS, CHRISTOPHER J  
 1833 HENDRY ST  
 FT MYERS, FL 33901

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SHEA, JACK<br>12601 W LINKS DR #7<br>FT MYERS, FL 33913 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>THRON, DAN<br>12601 W LINKS DR #7<br>FT MYERS, FL 33913 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V/D<br>Shea, Jack<br>12601 Westlinks Dr., Unit 7<br>Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ST/D<br>Thron, Dan<br>12601 Westlinks Dr., Unit 7<br>Fort Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>Persichilli, Anthony<br>12601 Westlinks Dr., Unit 7<br>Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Daniel Thron DANIEL THRON 2-1-05 234-768-3888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #