



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90428 034 ****61.25

DOCUMENT # N04000005277					
1. Entity Name COACH HOMES I AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12601 WESTLINKS DR UNIT #7 FORT MYERS, FL 33913		Mailing Address 12601 WESTLINKS DR UNIT #7 FORT MYERS, FL 33913		 01062006 Chg-NP CR2E037 (11/05)	
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 20-2504860	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JACK		NAME		
STREET ADDRESS	12601 W LINKS DR #7		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<i>PTD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRON, DAN		NAME		
STREET ADDRESS	12601 W LINKS DR #7		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JACK		NAME		
STREET ADDRESS	12601 WESTLINKS DR UNIT 7		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	STP	<input type="checkbox"/> Delete	TITLE	<i>PTD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRON, DAN		NAME		
STREET ADDRESS	12601 WESTLINKS DR UNIT 7		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>PTD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSICILLI, ANTHONY		NAME	<i>Dred Weidig</i>	
STREET ADDRESS	12601 WESTLINKS DR UNIT 7		STREET ADDRESS	<i>12601 Westlinks Dr</i>	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	<i>Fort Myers FL 33913</i>	
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>Daniel Thron</i>		1-9-06		239-768-3488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	