


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90838 011 \*\*\*\*61.25

**DOCUMENT # N04000005277**

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



**40093066**



Principal Place of Business  
 12601 WESTLINKS DR  
 UNIT #7  
 FORT MYERS, FL 33913

Mailing Address  
 12601 WESTLINKS DR  
 UNIT #7  
 FORT MYERS, FL 33913

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**20-2504860**

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**

**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 \_\_\_\_\_  
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, 2007**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	SHEA, JACK	12601 W LINKS DR #7	FT MYERS, FL 33913	<input checked="" type="checkbox"/>
PD	THRON, DAN	12601 W LINKS DR #7	FT MYERS, FL 33913	<input type="checkbox"/>
VD	SHEA, JACK	12601 WESTLINKS DR UNIT 7	FORT MYERS, FL 33913	<input type="checkbox"/>
PD	THRON, DAN	12601 WESTLINKS DR UNIT 7	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>
STD	WEIDIG, FRED	12601 WESTLINKS DR UNIT 7	FORT MYERS, FL 33913	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	FRED WEIDIG	12631 WESTLINKS DR. #3	FT. MYERS, FL. 33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V PD	Maria ATKINS	12631 WESTLINKS DR. #3	FT. MYERS, FL. 33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD		12631 WESTLINKS DR. #3	FT. MYERS, FL. 33912	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Peggy Seibert **3-29-07** **239-985-8523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #