

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 FILED NM
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 SEP 12 AM 11:01



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
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2. Principal Place of Business - No P.O. Box # 13070 SANDY KEY BEND	3. Mailing Address 13070 SANDY KEY BEND
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2

08152007 Chg-NP CR2E037 (12/06)

City & State NO. FT. MYERS, FLA.	City & State NO. FT. MYERS, FLA.
Zip 33903	Zip 33903
Country USA	Country USA

4. FEI Number
 20-2504860

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

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

7. Name and Address of New Registered Agent
 Name **RICHARD DeBOEST**
 Street Address (P.O. Box Number is Not Acceptable)
1415 HENDRY ST.
 City **FT. MYERS** FL Zip Code **33901**

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 **Richard DeBoest** 8/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 PD NAME WEIDIA, FRED STREET ADDRESS 12631 WESTLINKS DR. #3 CITY-ST-ZIP NORTH FORT MYERS, FL 33918 <input checked="" type="checkbox"/> Delete	TITLE VD NAME ATKINS, MARIA STREET ADDRESS 12631 WESTLINKS DR #3 CITY-ST-ZIP NORTH FORT MYERS, FL 33918 <input checked="" type="checkbox"/> Delete
TITLE STD NAME SHEA, JACK STREET ADDRESS 12631 WESTLINKS DR #3 CITY-ST-ZIP FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME JONATHAN CONANT STREET ADDRESS 13080 SANDY KEY BEND #4 CITY-ST-ZIP NO. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE SD NAME SARA MORRISON STREET ADDRESS 13070 SANDY KEY BEND #2 CITY-ST-ZIP NO. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MICHAEL P. GEML STREET ADDRESS 13070 SANDY KEY BEND #4 CITY-ST-ZIP NO. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 300109598203 09/18/07--01072--015 ***70.00
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **THRES/DIRECTOR Michael P. GEML** 239 790-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8-16-07 Daytime Phone #