

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90045 002 ****70.00

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



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

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

40038199



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-NP

CR2E037 (12/06)

4. FEI Number
34-2032643

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 STREET
FORT 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, 2008**

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	DD	<input checked="" type="checkbox"/> Delete
NAME	WEIDIS, FRED	
STREET ADDRESS	12631 WESTLINKS DR. #3	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, MARIA	
STREET ADDRESS	12631 WESTLINKS DR. #3	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SIEBERT, PEGGY	
STREET ADDRESS	12631 WESTLINKS DR. #3	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Atkins	
STREET ADDRESS	3650 Moody River Blvd	
CITY-ST-ZIP	N. Fort Myers FL 33903	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Morgan	
STREET ADDRESS	3050 Moody River Blvd	
CITY-ST-ZIP	N. Fort Myers FL 33903	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Low Rupp	
STREET ADDRESS	3050 Moody River Blvd	
CITY-ST-ZIP	N. Fort Myers FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Maria Atkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

Daytime Phone #