2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

12601 WESTLINKS DRIVE, UNIT #7
FORT MYERS, FL 33913

New Principal Place of Business:

3050 MOODY RIVER BLVD
N FT MYERS, FL 33903

Current Mailing Address:

12601 WESTLINKS DRIVE, UNIT #7
FORT MYERS, FL 33913

New Mailing Address:

3050 MOODY RIVER BLVD
N FT MYERS, FL 33903

FEI Number: 34-2032643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ATKINS, MARIA
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD (X) Delete
Name: MORGAN, LAURIE
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD ( ) Delete
Name: RUPP, LOU
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MUSSLEWHITE, VIRGINIA
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: MORGAN, LAURIE
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD ( ) Change (X) Addition
Name: SILVA, ROY
Address: 3050 MOODY RIVER BLVD
City-St-Zip: N FT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KASEY TAYLOR CAM 01/23/2009

Electronic Signature of Signing Officer or Director — Date