

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-27-2006 90269 022 ****61.25

DOCUMENT # N05000001169 1. Entity Name COACH HOMES AT HERITAGE HARBOUR ASSOCIATION, INC.																																																																																													
Principal Place of Business 551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232		Mailing Address 551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232																																																																																											
2. Principal Place of Business 9031 Town Center Pkwy. Suite, Apt. #, etc.		3. Mailing Address 9031 Town Center Pkwy Suite, Apt. #, etc.																																																																																											
City & State Bradenton FL		City & State Bradenton FL																																																																																											
Zip 34202		Zip 34202																																																																																											
Country USA		Country USA																																																																																											
4. FEI Number 52-2456939		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 Advanced Management, INC. Street Address (P.O. Box Number is Not Acceptable) 9031 Town Center Pkwy City Bradenton FL Zip Code 34202																																																																																											
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 3/24-06 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">DANNA, CHARLES A JR.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">VD ALLEGRA, ROBERT T</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">STD SQUITIERI, ANTHONY J</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>				TITLE	NAME	☐ Delete	STREET ADDRESS	DANNA, CHARLES A JR.		CITY-ST-ZIP	551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232		TITLE	NAME	☐ Delete	STREET ADDRESS	VD ALLEGRA, ROBERT T		CITY-ST-ZIP	551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232		TITLE	NAME	☐ Delete	STREET ADDRESS	STD SQUITIERI, ANTHONY J		CITY-ST-ZIP	551 N. CATTLEMEN ROAD, SUITE 202 SARASOTA, FL 34232		TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/24-06 / (941) 359-1134 Date Daytime Phone #																																																																																													

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