


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001169					
1. Entity Name COACH HOMES AT HERITAGE HARBOUR ASSOCIATION, INC.					
Principal Place of Business 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2456939	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED MANAGEMENT, INC 9031 TOWN CENTER PKWY BRADENTON, FL 34202			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 _____ DATE <u>07/10/06</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR Is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DANNA, CHARLES A JR. STREET ADDRESS 551 N. CATTLEMEN ROAD, SUITE 202 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE Pres NAME Michele Schmittuch STREET ADDRESS 9133 Stone Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ALLEGRA, ROBERT T STREET ADDRESS 551 N. CATTLEMEN ROAD, SUITE 202 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Catherine Wartyman STREET ADDRESS 9109 Stone Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME SQUITIERI, ANTHONY J STREET ADDRESS 551 N. CATTLEMEN ROAD, SUITE 202 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE Supt NAME Carol Zesinger STREET ADDRESS 9131 Stone Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE Asst. Sec NAME Douglas Wilson STREET ADDRESS 9031 Town Center Parkway CITY-ST-ZIP Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<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: <u>[Signature]</u> <u>6-14-06</u> <u>(941) 359-1134</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

06 JUL -5 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06152006 Chg-NP CR2E037 (4/06)

4. FEI Number 52-2456939 Applied For Not Applicable

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

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 _____ DATE 07/10/06

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME DANNA, CHARLES A JR. STREET ADDRESS 551 N. CATTLEMEN ROAD, SUITE 202 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE Pres NAME Michele Schmittuch STREET ADDRESS 9133 Stone Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME ALLEGRA, ROBERT T STREET ADDRESS 551 N. CATTLEMEN ROAD, SUITE 202 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Catherine Wartyman STREET ADDRESS 9109 Stone Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME SQUITIERI, ANTHONY J STREET ADDRESS 551 N. CATTLEMEN ROAD, SUITE 202 CITY-ST-ZIP SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE Supt NAME Carol Zesinger STREET ADDRESS 9131 Stone Harbour Loop CITY-ST-ZIP Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE Asst. Sec NAME Douglas Wilson STREET ADDRESS 9031 Town Center Parkway CITY-ST-ZIP Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<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: [Signature] 6-14-06 (941) 359-1134
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #