

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012689

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** COACH HOMES II AT HERITAGE BAY ASSOCIATION, INC.

**Current Principal Place of Business:**

11691 GATEWAY BOULEVARD  
SUITE 203  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

11691 GATEWAY BOULEVARD  
SUITE 203  
FT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 20-8038832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VISION MANAGEMENT  
11691 GATEWAY BOULEVARD  
SUITE 203  
FT MYERS, FL 33913 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: VPD  
Name: TERRIO, TOM  
Address: 11691 GATEWAY BOULEVARD SUITE 203  
City-St-Zip: FT MYERS, FL 33913

Title: SD  
Name: JOHNSON, LEE  
Address: 11691 GATEWAY BOULEVARD SUITE 203  
City-St-Zip: FT MYERS, FL 33913

Title: PD  
Name: BAVA, THOMAS  
Address: 11691 GATEWAY BOULEVARD SUITE 203  
City-St-Zip: FORT MYERS, FL 33913

Title: TD  
Name: KUCHARSKI, ANDREW  
Address: 11691 GATEWAY BOULEVARD SUITE 203  
City-St-Zip: FORT MYERS, FL 33913

Title: D  
Name: RYAN, TOM  
Address: 11691 GATEWAY BOULEVARD SUITE 203  
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: TOM BAVA

PD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date