


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N06599	
1. Entity Name COACH LIGHT ESTATES NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 704 COACHLIGHT DRIVE FERN PARK, FL 32730 US	Mailing Address 704 COACHLIGHT DRIVE FERN PARK, FL 32730 US
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3000083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BIGOSINSKI, NICOLAS 704 COACHLIGHT DRIVE FERN PARK, FL 32730
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIGOSINSKI, NICOLAS 704 COACHLIGHT DRIVE FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, JACK 732 COACHLIGHT DRIVE FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIGOSINSKI, TANIA 704 COACHLIGHT DRIVE FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1000000445147
03/07/06-80032-017 61.25

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: Tania Bigosinski, Secretary / Tania Bigosinski 2/19/06 407-767-2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #