


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06599	
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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



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

BIGOSINSKI, NICOLAS
704 COACHLIGHT DRIVE
FERN PARK, FL 32730

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

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**

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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U00000837758
03/05/08-80002-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08 407-767-9055
Date Daytime Phone #