FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08542 (5)

1. Corporation Name
COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2608 HOLLY PLACE LEESBURG FL 34748	2608 HOLLY PLACE LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1985
3a. Date of Last Report: 03/10/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARAVICH, LORITA
2608 HOLLY PLACE
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WORMWOOD, NEWELL	1.2 NAME	Wormwood, Newell	
STREET ADDRESS	510 ALEXANDER ROAD	1.3 STREET ADDRESS	510 Alexander Road	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg, Fl 34748	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	RUSSELL, BERWYN	2.2 NAME	Gonwa, Norbert	
STREET ADDRESS	746 BOTTLEBRUSH CT.	2.3 STREET ADDRESS	506 Alexander Road	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, Fl 34748	
TITLE	D	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GONWA, NORBERT	3.2 NAME	Hudson, Jacqueline	
STREET ADDRESS	506 ALEXANDER ROAD	3.3 STREET ADDRESS	2630 Holly Place	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	Leesburg, Fl 34748	
TITLE	T	4.1 TITLE	D	☒ Change ☐ Addition
NAME	OLIVER, ROBERT	4.2 NAME	Lindsey, Thomas	
STREET ADDRESS	723 COACHWOOD EAST	4.3 STREET ADDRESS	2509 Taffy Lane	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, Fl 34748	
TITLE	TD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KNIGHT, AGNES	5.2 NAME	Masse, Armand	
STREET ADDRESS	500 ALEXANDER RD.	5.3 STREET ADDRESS	511 Alexander Road	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, Fl 34748	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorita M. Maravich Lorita Maravich 3-8-95 (904) 787-3292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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