

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N08542 (5)
 1. Corporation Name
COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.



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

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/04/1985 | 3a. Date of Last Report 03/15/1995 |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WORMWOOD, NEWELL | |
| STREET ADDRESS | 510 ALEXANDER ROAD | |
| CITY - ST - ZIP | LEESBURG FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GONWA, NORBERT | |
| STREET ADDRESS | 506 ALEXANDER ROAD | |
| CITY - ST - ZIP | LEESBURG FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | HUDSON, JACQUELINE | |
| STREET ADDRESS | 2630 HOLLY PLACE | |
| CITY - ST - ZIP | LEESBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LINDSEY, THOMAS | |
| STREET ADDRESS | 2509 TAFFY LANE | |
| CITY - ST - ZIP | LEESBURG FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MASSE, ARMAND | |
| STREET ADDRESS | 511 ALEXANDER ROAD | |
| CITY - ST - ZIP | LEESBURG FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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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)(k), 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: *Jacqueline J. Hudson* **JACQUELINE J. HUDSON** Date: _____ Daytime Phone #: **(352) 788-4222**

CR2E037 (12/96)