

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34748-6411

3. Date Incorporated or Qualified
04/04/1985

3a. Date of Last Report
03/06/1996

2. Principal Place of Business
21 2630 HOLLY PLACE
Suite, Apt. #, etc.

2a. Mailing Address
26 2630 HOLLY PLACE
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State
23 LEESBURG FL
24 Zip 34748 25 Country

27 City & State
28 LEESBURG FL
29 Zip 34748 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARAVICH, LORITA~~
~~2608 HOLLY PLACE~~
~~LEESBURG FL 34748~~

Jacqueline J. Hudson
2630 Holly PL
Leesburg FL 34748

81 Name JACQUELINE J. HUDSON
82 Street Address (P.O. Box Number is Not Acceptable)
2630 HOLLY PL.
83
84 City LEESBURG FL 85 Zip Code 34748

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 Jacqueline J. Hudson

Jan 23-97

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

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	

14. I do hereby certify that the information supplied with this filing 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: Jacqueline J. Hudson

Jan 23-97 352 728-4290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070179

CR2E037 (9/96)