

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08542 (5)
1. Corporation Name
COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 2630 HOLLY PLACE LEESBURG FL 34748 US	Mailing Address 2630 HOLLY PLACE LEESBURG FL 34748 US
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2. Principal Place of Business 21 2630 Holly PLACE Suite, Apt. #, etc. 22 City & State 23 LEESBURG FL Zip 24 34748 Country 25	2a. Mailing Address 26 2630 Holly PL Suite, Apt. #, etc. 27 City & State 28 LEESBURG FL Zip 29 34748 Country 30
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3. Date Incorporated or Qualified 04/04/1985	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HUDSON, JACQUELINE J. 2630 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
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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 21-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORMWOOD, NEWELL 510 ALEXANDER ROAD LEESBURG FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD FREDERICK Hudson Sr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2630 Holly PL LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONWA, NORBERT 506 ALEXANDER ROAD LEESBURG FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SEC Bill Hudson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Old Colony Rd LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, JACQUELINE 2630 HOLLY PLACE LEESBURG FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Roy STEMPER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 514 REMANN Rd LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, THOMAS 2509 TAFFY LANE LEESBURG FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Neil Marshall <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 514 Old Colony Rd LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSE, ARMAND 511 ALEXANDER ROAD LEESBURG FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 21-1988 352 728-4290

CF2037 (10/97)