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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08542

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



21	2630 Holly Place	2a.	2630 Holly Place	3.	04/04/1985
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number NOT APPLICABLE
23	LEESBURG FL	27	LEESBURG FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	34748	28	34748	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUDSON, JACQUELINE J. 2630 HOLLY PLACE LEESBURG FL 34748		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 *Jacqueline J. Hudson* (NOTE: Registered Agent signature required when reinstating) DATE *Feb 8 - 99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	HUDSON, FREDERICK X	1.2 NAME	SUE DAY
STREET ADDRESS	2630 HOLLYPL	1.3 STREET ADDRESS	748 BOTTLE BRUSH CT
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	LEESBURG FL - 34748
TITLE	S	2.1 TITLE	1st Vice D
NAME	HUSON, BILL	2.2 NAME	Edith Hollowell
STREET ADDRESS	520 OLD COLONY RD	2.3 STREET ADDRESS	2502 TAFFY LANE
CITY-ST-ZIP	LEESBURG FL 34748	2.4 CITY-ST-ZIP	LEESBURG FL - 34748
TITLE	TD	3.1 TITLE	D
NAME	HUDSON, JACQUELINE	3.2 NAME	LARRY JUNGWIRTH
STREET ADDRESS	2630 HOLLY PLACE	3.3 STREET ADDRESS	516 OLD COLONY RD
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D	4.1 TITLE	
NAME	LINDSEY, THOMAS	4.2 NAME	
STREET ADDRESS	2509 TAFFY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TEMPER, ROY S	5.2 NAME	
STREET ADDRESS	514 REMANN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MARSHALL, NEIL	6.2 NAME	
STREET ADDRESS	514 OLD COLONY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jacqueline J. Hudson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *Feb 8 99* DAYTIME PHONE #: *352-728-4290*

CR2E037 (1/198)