

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N08542**

1. Entity Name

**COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90012 004 \*\*\*\*61.25

Principal Place of Business <del>2630 HOLLY PLACE</del> 2504 Taffy Lane LEESBURG FL 34748 US	Mailing Address <del>2630 HOLLY PLACE</del> 2504 Taffy Lane LEESBURG FL 34748-6410 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2504 Taffy Lane	3. Mailing Address 2504 Taffy Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Leesburg FL	City & State Leesburg FL	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34748	Country LAKE	Zip 34748	Country LAKE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~HUDSON, JACQUELINE J.~~  
~~2630 HOLLY PLACE~~  
~~LEESBURG FL 34748~~

7. Name and Address of New Registered Agent

Name: Peggy A Olson  
 Street Address (P.O. Box Number is Not Acceptable): 2504 Taffy Lane  
 City: Leesburg FL Zip Code: 34748

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Peggy Olson - Treasure Peggy Olson 3-10-2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, FREDERICK 2630 HOLLY PL LEESBURG FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUSON, BILL 520 OLD COLONY RD LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, JACQUELINE 2630 HOLLY PLACE LEESBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, SUE 748 BOTTLE BRUSH CT LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWELL, EDITH 2502 TAFFY LANE LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, NEIL 514 OLD COLONY RD LEESBURG FL 34748 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Glennon, 724 Mockingbird LN Leesburg FL 34748 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vic President Edith Hollowell 2502 Taffy Lane Leesburg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Peggy Olson 2504 Taffy Lane Leesburg, FL 34748 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Sue Day 748 Bottle Brush Ct Leesburg FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bill Hudson 520 Old Colony Rd Leesburg FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy Olson **UNRECORDED** 3-10-2000 352 314-005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)