2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO 8542 Apr 24, 2001 8:00 am COACHWOOD COLONY HOMEOWNERS ASSOCIATION, INC. Secretary of State 04-24-2001 90030 046 ****61.25 Principal Place of Business Mailing Address 2611 COLEMAN PLACE 26/1 COLEMAN PLACE LEESBURG, FL LEESBURG, FL 34748 A0055104 34748 2. Principal Place of Business 3. Mailing Address 2611 COLEMAN PLACE 2611 COCEMAN PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LEESRURG LEESBURG Not Applicable Not Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 6 OWENS Street Address (P.O. Box Number is Not Acceptable) 2611 COLEMAN PLACE 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. TREASURER 9. Election Campaign Financing Make Check Payable to-FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change TITLE Delete 🗵 GLENNON, JOHN 724 MOCKINGBIAD LANE OLSON, PEGGY 2504 TAFFY LANE STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-7IP **S** Delete TITLE TITLE MARSHALL NEIL 51400 COLONY RD FREE BODX EDXTHE NAME NAME 730 MOCKINGBIRD LANE STREET ADDRESS STREET ADDRESS CEESBURG FL 34748 CITY-ST-ZIP CITY.-ST-ZIP LEESBURG-FL-34748 **Change** ଯ Delete TITLE HUDSON, BILL 520 OLD COLONY RD TUNGW IRTH, LARRY NAME NAME 516 OLD COLONY RA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 34748 LEESBURG. *F*L 34148 TITI F Change Addition TITLE ☐ Delete MURDOCK. NAME NAME 510 REMANN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEES BURG CITY-ST-ZIP Delete TITLE SMITH, PAUL 516 REMANN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LEESBURG ☐ Delete TITLE TITLE OWERS, JOE 2611 COLEMAN PLACE NAME NAME STREET ADDRESS STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: