## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 14, 2002 8:00 am Secretary of State **DOCUMENT # N08542** 1. Entity Name COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC. 02-14-2002 90084 014 \*\*\*\*61.25 Mailing Address Principal Place of Business 2611 COLEMAN PLACE 2611 COLEMAN PLACE LEESBURG FL 34748 LEESBURG FL 34748 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) OWENS, JOE B 2611 COLEMAN PLACE LEESBURG FL 34748 Zip Code FL 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. 1-28-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE GLENNON, JOHN NAME NAME 724 MOCKINGBIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE FREEBODY, EDYTHE NAME NAME 730 MOCKINGBIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HUDSON, BILL NAME NAME 520 OLD COLONY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MURDOCK, PAT NAME NAME 510 REMANN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Leesburg FL 34748 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, PAUL NAME NAME 516 REMANN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE OWENS, JOE -NAME NAME 2611 COLEMAN PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. DISTRETOE B. QUERS SIGNATURE: