

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2007
Secretary of State**

DOCUMENT# N08542

Entity Name: COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

747 BOTTLEBRUSH CT.
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

747 BOTTLEBRUSH CT.
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-2998476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAPER, DONALD H
747 BOTTLEBRUSH CT.
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALVORD, BILL
Address: 742 TAFFY LANE
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: CONLEY, CHARLENE
Address: 740 CALLIANDRIA CT.
City-St-Zip: LEESBURG, FL 34748

Title: SECR () Delete
Name: ELLETT, GEROGIANA
Address: 2633 HOLLY PLACE
City-St-Zip: LEESBURG, FL 34748

Title: BM () Delete
Name: OWENS, JOE
Address: 2611 COLEMAN PLACE
City-St-Zip: LEESBURG, FL 34748

Title: BM () Delete
Name: ROBINSON, DAVID
Address: 515 ALEXANDER RD.
City-St-Zip: LEESBURG, FL 34748

Title: BM () Delete
Name: SUTPHIN, ROBERT
Address: 2606 COLEMAN PLACE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD H. SCHAPER

TREA

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date