

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90019 045 ****61.25

DOCUMENT # N08542 1. Entity Name COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 747 BOTTLEBRUSH CT. LEESBURG, FL 34748 US		Mailing Address 747 BOTTLEBRUSH CT. LEESBURG, FL 34748 US	
2. Principal Place of Business - No P.O. Box # 2616 AZALEA PLACE Suite, Apt. #, etc.		3. Mailing Address 2616 AZALEA PLACE Suite, Apt. #, etc.	
City & State Leesburg, Florida Zip 34748 Country US		City & State Leesburg, Florida Zip 34748 Country US	
4. FEI Number 59-2998476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAPER, DONALD H 747 BOTTLEBRUSH CT. LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name: JILL L. CAMPBELL Street Address (P.O. Box Number is Not Acceptable): 2616 AZALEA PLACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: JILL L. CAMPBELL, Treasurer DATE: 3/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ALVORD, BILL 742 TAFFY LANE LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. NORMA SUTPHIN 2606 COLEMAN PLACE LEESBURG, FLORIDA 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONLEY, CHARLENE 740 CALLIANDRIA CT. LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LORRAINE COUTURE 2615 CARPENTER PLACE LEESBURG, FLORIDA 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR ELLETT, GEROGIANA 2633 HOLLY PLACE LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GEORGIANA (CORRECTION) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM OWENS, JOE 2611 COLEMAN PLACE LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM ROBINSON, DAVID 515 ALEXANDER RD. LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM GARY RICHMOND 501 ALEXANDER RD. LEESBURG, FLORIDA 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM SUTPHIN, ROBERT 2606 COLEMAN PLACE LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM ANDREW COONS 2603 COLEMAN PLACE LEESBURG, FLORIDA 34748
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JILL L. CAMPBELL, Treasurer JILL L. CAMPBELL 3/18/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
352/787-2805 Date Daytime Phone #			