


**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.



03142008 Chg-NP CR2E037 (12/06)

City & State  
 Leesburg, Florida

City & State  
 Leesburg, Florida

4. FEI Number  
 59-2998476

Applied For  
 Not Applicable

Zip  
 34748

Country  
 US

Zip  
 34748

Country  
 US

5. Certificate of Status Desired  \$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 Numbers 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ALVORD, BILL 742 TAFFY LANE LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONLEY, CHARLENE 740 CALLIANDRIA CT. LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR ELLETT, GEROGIANA (Georgiana) (Correction) 2633 HOLLY PLACE LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM OWENS, JOE 2611 COLEMAN PLACE LEESBURG, FL 34748 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ROBINSON, DAVID 515 ALEXANDER RD. LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SUTPHIN, ROBERT 2606 COLEMAN PLACE LEESBURG, FL 34748 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Norma SUTPHIN 2606 COLEMAN PLACE LEESBURG, Florida 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lorraine Couture 2615 CARPENTER PLACE LEESBURG, Florida 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm Gary Richmond 501 ALEXANDER RD. LEESBURG, Florida 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bm Andrew COONS 2603 COLEMAN PLACE LEESBURG, Florida 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 719, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 352/787-2805 Date

Daytime Phone #