2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N08542

Entity Name: COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2616 AZALEA PLACE
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

2616 AZALEA PLACE
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:

CAMPBELL, JILL L
2616 AZALEA PLACE
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:	SUTPHIN, NORMA	
Address:	2606 COLEMAN PLACE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	VP	( ) Delete
Name:	COUTRE, LORRAINE	
Address:	2615 CARPENTER PLACE	
City-St-Zip:	LEESBURG, FL 34748	
Title:	SECR	( ) Delete
Name:	ELLET, GEORGIANA	
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:	RICHMOND, GARY	
Address:	501 ALEXANDER RD	
City-St-Zip:	LEESBURG, FL 34748	
Title:	BM	( ) Delete
Name:	COONS, ANDREW	
Address:	2603 COLEMAN PLACE	
City-St-Zip:	LEESBURG, FL 34748	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	BUCKLEY, BILL	
Address:	2619 HOLLY PLACE	
City-St-Zip:	LEESBURG, FL 34748	
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
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: JILL L. CAMPBELL TREA 03/24/2009

Electronic Signature of Signing Officer or Director — Date