

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08542

FILED  
Apr 18, 2012  
Secretary of State

**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  
Name: VEILLETTE, VIRGINIA M  
Address: 2509 TAFFY LANE  
City-St-Zip: LEESBURG, FL 34748

Title: VP  
Name: MCCARTHY, BRUCE E  
Address: 2609 COLEMAN PLACE  
City-St-Zip: LEESBURG, FL 34748

Title: SECR  
Name: JEANNE, BERNARD T  
Address: 503 REMANN ROAD  
City-St-Zip: LEESBURG, FL 34748

Title: BM  
Name: ELLETT, GEORGIANNA B  
Address: 2633 HOLLY PLACE  
City-St-Zip: LEESBURG, FL 34748

Title: BM  
Name: GREEN, BERNELL C  
Address: 717 COACHWOOD EAST  
City-St-Zip: LEESBURG, FL 34748

Title: BM  
Name: RICH, JOANNE L  
Address: 2502 LEISURE LANE  
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: JILL L. CAMPBELL

TREA

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date