

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90131 031 ****61.25

0061350

DOCUMENT # N08542

1. Entity Name

COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**2611 COLEMAN PLACE
LEESBURG FL 34748
US**

Mailing Address

**2611 COLEMAN PLACE
LEESBURG FL 34748
US**

2. Principal Place of Business

748 CALLIANDRIA CT

3. Mailing Address

748 CALLIANDRIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number **NOT APPLICABLE**

59 2998476

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**OWENS, JOE B
2611 COLEMAN PLACE
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name

-MICHAEL LAYTON-

Street Address (P.O. Box Number is Not Acceptable)

748 CALLIANDRIA CT

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD GLENNON, JOHN 724 MOCKINGBIRD LANE LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEBODY, EDYTHE 730 MOCKINGBIRD LANE LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, BILL 520 OLD COLONY RD LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCK, PAT 510 REMANN LEESBURG FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, PAUL 516 REMANN LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, JOE 2611 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	RICHARD Anderson 729 Coachwood East LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George RICHARDS 731 Coachwood East LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEN SMITH 504 Old Colony Road Leesburg FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michael LAYTON 748 CALLIANDRIA COURT LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNETH CLEMENTS 740 CALLIANDRIA CT LEESBURG FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED WITH GLENNON PRESIDENT 352-315-0669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

70020870
N08512

Form **1120-H**

**U.S. Income Tax Return
for Homeowners Associations**

OMB No. 1545-0127

2002

Department of the Treasury
Internal Revenue Service

For calendar year 2002 or tax year beginning , 2002, and ending , 20

Use IRS label. Otherwise, please print or type.	Name WF 59-2998476 FEB 2003 DAY COACHWOOD COLONY HOME OWNERS ASSOCIATION	Employer identification number (see page 4) 59-2998476
	Number, street, and room or suite no. (If a P.O. box, see page 4.) 748 CALVANDRIA CT	Date association formed
	City or town, state, and ZIP code LEESBURG FL 34748	

Check if: (1) Final return (2) Name change (3) Address change (4) Amended return

A Check type of homeowners association: Condominium management association Residential real estate association Timeshare association

B Total exempt function income. Must meet 60% gross income test (see instructions) DUES	B	262.00	
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C		
D Association's total expenditures for the tax year (see instructions)	D		
E Tax-exempt interest received or accrued during the tax year	E		

Gross Income (excluding exempt function income)

1 Dividends	1		
2 Taxable interest	2		
3 Gross rents	3		
4 Gross royalties	4		
5 Capital gain net income (attach Schedule D (Form 1120))	5		
6 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6		
7 Other income (excluding exempt function income) (attach schedule)	7		
8 Gross income (excluding exempt function income). Add lines 1 through 7	8		

Deductions (directly connected to the production of gross income, excluding exempt function income)

9 Salaries and wages	9		
10 Repairs and maintenance	10		
11 Rents	11		
12 Taxes and licenses	12		
13 Interest	13		
14 Depreciation (attach Form 4562)	14		
15 Other deductions (attach schedule)	15		
16 Total deductions. Add lines 9 through 15	16		
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17		
18 Specific deduction of \$100	18		\$100 00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19		
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20		
21 Tax credits (see instructions)	21		
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22		
23 Payments: a 2001 overpayment credited to 2002	23a		
b 2002 estimated tax payments	23b		
c Total	23c		
d Tax deposited with Form 7004	23d		
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e		
f Credit for Federal tax on fuels (attach Form 4136)	23f		
g Add lines 23c through 23f	23g		
24 Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	24		
25 Overpayment. Subtract line 22 from line 23g	25		
26 Enter amount of line 25 you want: Credited to 2003 estimated tax ▶ Refunded ▶	26		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Michael S. Boyton 12/17/03
Signature of officer Date

Treasurer
Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	