


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 035 ****61.25

DOCUMENT # N14216 1. Entity Name COACHMAN RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2427 STAG RUN BLVD 1492 Ridge Top way CLEARWATER, FL 33765 US				Mailing Address PO BOX 7626 CLEARWATER, FL 33758 US	
2. Principal Place of Business 1492 Ridge Top way				3. Mailing Address Suite, Apt. #, etc.	
City & State Clearwater				City & State	
Zip 33765		Country USA		Zip Country	
4. FEI Number 59-2723797				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 KELLOGG, KENNETH A 2427 STAG RUN BLVD CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Barbara Shepard Street Address (P.O. Box Number is Not Acceptable) 1492 Ridge Top way City Clearwater FL Zip Code 33765	
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 <u>Barbara J Shepard</u> DATE <u>4/25/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE	VP/D	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLOGG, KENNETH A		NAME	Janet Diamond	
STREET ADDRESS	2427 STAG RUN BLVD		STREET ADDRESS	2374 Wind Gap Place	
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTNER, JET		NAME		
STREET ADDRESS	2355 WETHERINGTON RD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSI, GLORIA		NAME		
STREET ADDRESS	2486 STAG RUN BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAGAN, MARILYN		NAME		
STREET ADDRESS	2395 FLINT LOCK DR.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, BARBARA		NAME	Barbara J. Shepard	
STREET ADDRESS	1492 RIDGE TOP WAY		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANLENER, TOM		NAME		
STREET ADDRESS	2424 STAG RUN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
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: <u>Barbara J Shepard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/25/06</u>	
Daytime Phone # <u>727/793-9519</u>					

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