

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14216**

1. Entity Name  
**COACHMAN RIDGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1492 RIDGE TOP WAY  
CLEARWATER, FL 33765 US**

Mailing Address  
**PO BOX 7626  
CLEARWATER, FL 33758 US**



01232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2723797**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHEPARD, BARBARA  
1492 RIDGE TOP WAY  
CLEARWATER, FL 33765**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

U00000653170  
03/13/07-80009-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
DIAMOND, JANET  
2374 WIND GAP PLACE  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LIGHTNER, JET  
2355 WETHERINGTON RD  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/D  
LOSI, GLORIA  
2486 STAG RUN BLVD  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KAGAN, MARILYN  
2395 FLINT LOCK DR.  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
SHEPARD, BARBARA J  
1492 RIDGE TOP WAY  
CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/D  
PANLENER, TOM  
2424 STAG RUN BLVD.  
CLEARWATER, FL 33765**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-07**

Date

**7277255617**

Day/No Phone