

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14216

FILED
Feb 03, 2009
Secretary of State

Entity Name: COACHMAN RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1492 RIDGE TOP WAY
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7626
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-2723797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPARD, BARBARA
1492 RIDGE TOP WAY
CLEARWATER, FL 33765 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: VP/D () Delete
Name: DIAMOND, JANET
Address: 2374 WIND GAP PLACE
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: LIGHTNER, JET
Address: 2355 WETHERINGTON RD
City-St-Zip: CLEARWATER, FL 33765

Title: S/D () Delete
Name: LOSI, GLORIA
Address: 2486 STAG RUN BLVD
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: KAGAN, MARILYN
Address: 2395 FLINT LOCK DR.
City-St-Zip: CLEARWATER, FL 33765

Title: P/D () Delete
Name: SHEPARD, BARBARA J
Address: 1492 RIDGE TOP WAY
City-St-Zip: CLEARWATER, FL 33765

Title: T/D () Delete
Name: PANLENER, TOM
Address: 2424 STAG RUN BLVD.
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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: BARBARA SHEPARD

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date