


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 013 ****70.00

DOCUMENT # N17256 1. Entity Name COACHWOOD EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MARILYN A. DOUGLAS 718 W COACH N FOUR DR LEESBURG, FL 34748			Mailing Address MARILYN A. DOUGLAS 718 W COACH N FOUR DR LEESBURG, FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2807725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOUGLAS, MARILYN A 718 WEST COACH N FOUR LEESBURG, FL 34748			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN, DOUGLAS A		NAME	Fay Knop	
STREET ADDRESS	718 W. COACH N FOUR DR.		STREET ADDRESS	719 W Coach N Four Drive	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg FL 34748	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESOUZA, ANTONE		NAME	Patricia Atley	
STREET ADDRESS	2358 CONESTOGA DR		STREET ADDRESS	809 Coach N Four	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg FL 34748	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOWERS, DOROTHY		NAME	Alfred Springer	
STREET ADDRESS	811 COACH NORTH FOUR DRIVE		STREET ADDRESS	713 Carriage Lane	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg FL 34748	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANBERG, RACHEL F		NAME		
STREET ADDRESS	803 COACH N FOUR		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, JOY		NAME		
STREET ADDRESS	716 CARRAGE LANE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLOR, RICHARD C		NAME		
STREET ADDRESS	2365 W COACH N FOUR DR.		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		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: MARILYN A. DOUGLAS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/4/06 Daytime Phone #: 352-789-0007					