

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90091 047 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2807725	
Zip		Country		5. Certificate of Status Desired <input 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="display: flex; justify-content: space-between;"> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARILYN, DOUGLAS A 718 W. COACH N FOUR DR. LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lester Shorey 718 Carriage Lane Leesburg FL 347 48	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATLEY, PATRICIA 809 COACH N FOUR LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Joy DeMuth 2340 Conestoga Leesburg FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPRINGER, ALFRED III 713 CARRIAGE LN LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lewis Adair 2368 Conestoga Leesburg, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANBERG, RACHEL F 803 COACH N FOUR LEESBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD WARE, JOY 716 CARRAGE LANE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOP, FAY 719 W COACH N FOUR DR LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>MARILYN A. DOUGLAS</i> _____ <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date: <i>2/12/07</i> Daytime Phone #: <i>352-789-0007</i>		

40014410



01292007 Chg-NP CR2E037 (12/06)

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2807725	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN, DOUGLAS A		NAME	Lester Shorey	
STREET ADDRESS	718 W. COACH N FOUR DR.		STREET ADDRESS	718 Carriage Lane	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATLEY, PATRICIA		NAME	Joy DeMuth	
STREET ADDRESS	809 COACH N FOUR		STREET ADDRESS	2340 Conestoga	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg FL 34748	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	LTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRINGER, ALFRED III		NAME	Lewis Adair	
STREET ADDRESS	713 CARRIAGE LN		STREET ADDRESS	2368 Conestoga	
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 checked="" 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	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOP, FAY		NAME		
STREET ADDRESS	719 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: <i>MARILYN A. DOUGLAS</i> <i>Marilyn A. Douglas</i>			2/2/07 352-781-0007 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR					

ATTACHMENT

40014478

01292007 Chg-NP CR2E037 (12/06)