


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90022 016 ****61.25

DOCUMENT # N26149	
1. Entity Name	
THE COALITION OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
905 ASHMEADE COURT PORT ORANGE FL 32127	905 ASHMEADE COURT PORT ORANGE FL 32127

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-2897403		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHELLEY, W. DENISE 313 SOUTH PALMETTO AVE. DAYTONA BEACH FL 32114-1997	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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** _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	ATWOOD, PETER D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
807 WOODPORT DR		STREET ADDRESS	
PORT ORANGE FL 32127		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	NAME
VD	ROBERTS, WILLIAM C	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
395 PRINCE CHARLES COURT		STREET ADDRESS	
PT ORANGE FL 32127		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	NAME
SD	SCHLEGEL, ROSE M	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3905 OAK CREST CT		STREET ADDRESS	
PORT ORANGE FL 32129		CITY - ST - ZIP	
<input checked="" type="checkbox"/> Delete		TITLE	NAME
D	WILCOX, WAYNE A	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
812 WOODPORT DR.		STREET ADDRESS	
DAYTONA BEACH FL 32127		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	NAME
D	DELL, NEIL F	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
856 CHICADEE DR		STREET ADDRESS	
PORT ORANGE FL 32127		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	NAME
TD	MADDERN, ROBERT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
905 ASHMEADE COURT		STREET ADDRESS	
PORT ORANGE FL 32127		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert M. Schlegel 3-8-07 387-70-1917