


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

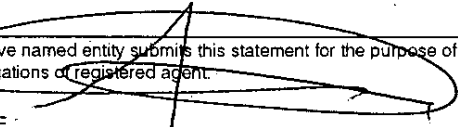
FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 021 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # N-35133 | |  | |
| 1. Entity Name Coach House of Town Place The Condo Assoc Inc | | | |
| Principal Place of Business 4350 NW 19TH AVE STE C POMPANO BEACH FL 33064 US | | Mailing Address P O BOX 97-0069 BOCA RATON FL 33497-0069 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



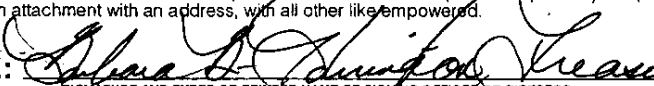
1st MOORE CR2E037 (10/04)

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|---|--|--|--|
| 4. FEI Number 65-0210763 | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RESIDENTIAL MANAGEMENT CONCEPTS 4350 NW 19TH AVE STE C POMPANO BEACH FL 33064 | | 7. Name and Address of New Registered Agent GARY PALOMBI 4350 NW 19th Ave Ste C Pompano Beach FL 33064 | |
| 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  | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |

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|--|---|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | P Seymour Bilgray 5770 G Coach House Cir BOCA RATON FL 33486 | |
| | | VP Richard Reiter 5795 A Coach House Cir BOCA RATON FL 33486 | |
| | | S MARY EHLING 5801 B Coach House Cir BOCA RATON FL 33486 | |
| | | T BARBARA WASHINGTON 5801 F Coach House Cir BOCA RATON FL 33486 | |
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| | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/3/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR