

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90092 037 \*\*\*\*61.25

**DOCUMENT # N35135**

1. Entity Name  
**THE COACH HOUSES OF TOWN PLACE II  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**778 SOUTH MILITARY  
DEERFIELD BEACH, FL 33442**

Mailing Address  
**P.O. BOX 97-0069  
BOCA RATON, FL 33497-0069**



04112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0210763**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PALOMBI, GARY  
778 SOUTH MILITARY  
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
BILGRAY, SEYMOUR  
5770-G COACH HOUSE CIRCLE  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
REITER, RICHARD  
5791 A COACH HOUSE CIRCLE  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ETLING, MARY  
5801-B COACH HOUSE CIRCLE  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HARRINGTON, BARBARA  
5801-F COACH HOUSE CIRCLE  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LUBRANO, ANTHONY  
5801 COACH HOUSE CIRCLE  
BOCA RATON, FL 33486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Barbara B. Harrington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA B. HARRINGTON**

Date

*4/14/08*

Daytime Phone #