

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37769

FILED
Mar 23, 2004
Secretary of State**Entity Name:** THE COACH HOMES AT DOVER VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2180 W S.R. 434, SUITE 5000
LONGWOOD, FL 32779**New Principal Place of Business:****Current Mailing Address:**2180 W S.R. 434, SUITE 5000
LONGWOOD, FL 32779**New Mailing Address:****FEI Number:** 59-3039870**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES, W, JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENNETT, THERESA
Address: 5274 TUNBRIDGE WELLS LN #5
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: MCNICOL, RONALD
Address: 5282 TUNBRIDGE WELLS LN
City-St-Zip: ORLANDO, FL 32812

Title: VD () Delete
Name: ZAREK, HELAINE
Address: 5266 TURNBRIDGE WELLS LANE # 3
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: CAUDELL, CAROL
Address: 5258 TURNBRIDGE WELLS LANE #2
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Delete
Name: BRACERO, JOSEPH
Address: 5283 TURNBRIDGE WELLS LANE #3
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCNICOL, RON
Address: 5282-7 TUNBRIDGE WELLS LN
City-St-Zip: ORLANDO, FL 32812

Title: VPD (X) Change () Addition
Name: BRACERO, JOSEPH
Address: 5282-3 TUNBRIDGE WELLS LN
City-St-Zip: ORLANDO, FL 32812

Title: STD (X) Change () Addition
Name: CAUDELL, CAROL
Address: 5258-2 TUNBRIDGE WELLS LANE
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change () Addition
Name: ZOBEL, KATHY
Address: 5273-7 TURNBRIDGE WELLS LANE
City-St-Zip: ORLANDO, FL 32812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY ZOBEL

PD

03/23/2004

Electronic Signature of Signing Officer or Director

Date