2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# N37769

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:	MCNICOL, RON	
Address:	5282-7 TUNBRIDGE WELLS LN	
City-St-Zip:	ORLANDO, FL 32812	
Title:	VPD	( ) Delete
Name:	BRACERO, JOSEPH	
Address:	5282-3 TUNBRIDGE WELLS LN	
City-St-Zip:	ORLANDO, FL 32812	
Title:	STD	( ) Delete
Name:	CAUDELL, CAROL	
Address:	5258-2 TUNBRIDGE WELLS LANE	
City-St-Zip:	ORLANDO, FL 32812	
Title:	D	(X) Delete
Name:	ZOBEL, KATHY	
Address:	5273-7 TURNBRIDGE WELLS LANE	
City-St-Zip:	ORLANDO, FL 32812	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RON MCNICOL PD 03/02/2005
Electronic Signature of Signing Officer or Director — Date