2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44024

FILED Apr 13, 2005 Secretary of State

Entity Name: THE COACH HOMES AT ERROL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
225 S. WESTMONTE DR. STE 2050 ALTAMONTE SPRINGS, FL 32714				225 S. WESTMONTE DR. STE 3310 ALTAMONTE SPRINGS, FL 32714			
Current Mailing Address:				New Mailing Address:			
PO BOX 162147 ALTAMONTE SPRINGS, FL 327162147							
FEI Number:	59-3070280	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status D	esired ()
Name and	Address of Cu	urrent Registered Agent:		Name and	Address of N	New Registered Age	nt:
WOMACK, ELLEN R 225 S. WESTMONTE DR. SUITE 2050 ALTAMONTE SPRINGS, FL 32712 US				WOMACK, ELLEN R 225 S. WESTMONTE DR. SUITE 3310 ALTAMONTE SPRINGS, FL 32712 US			
The above in the State		ubmits this statement for the pu	ırpose o	of changing it	ts registered o	office or registered ag	ent, or both,
SIGNATURE:				04/13/2005			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DST () I WANSLEY, LYN 820 LOCH CALD APOPKA, FL 32	ER DR, #25		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	D () I MEYER, IRIS 920-21 LOCH CA APOPKA, FL 32			Title: Name: Address: City-St-Zip:	D (X GOFF, JR., RC 1020-12 LOCH APOPKA, FL 3	I VAIL DRIVE	
Title: Name: Address: City-St-Zip:	D () I FERRUGGIA, ST 923-21 LEXINGT APOPKA, FL 32	ON PKWY		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	DVP () I WISE, MARIAN 811-25 LOCH CA APOPKA, FL 32			Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	DP () I HOLTZMASTER, 820-27 LOCH CA APOPKA, FL 32	ALDER DR.		Title: Name: Address: City-St-Zip:	() Change()Addition	

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: ELLEN WOMACK A 04/13/2005