

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44024

FILED  
Apr 23, 2008  
Secretary of State

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

**Current Principal Place of Business:**

225 S. WESTMONTE DR.  
STE 3310  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 327162147

**New Mailing Address:**

**FEI Number:** 59-3070280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOMACK, ELLEN R  
225 S. WESTMONTE DR.  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32712 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: DST ( ) Delete  
Name: GOFF, BOB J  
Address: 1020-12 LOCH VAIL DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: HOLTZMASTER, DON  
Address: 830-27 LOCH CALDER DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: FERRUGGIA, STEVE  
Address: 923-21 LEXINGTON PKWY  
City-St-Zip: APOPKA, FL 32712

Title: DVP ( ) Delete  
Name: WISE, MARIAN  
Address: 811-25 LOCH CALDER DR.  
City-St-Zip: APOPKA, FL 32712

Title: DP ( ) Delete  
Name: PETERSON, DON  
Address: 1020-27 LOCH VAIL DRIVE  
City-St-Zip: APOPKA, FL 32712

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DON PETERSON

DP

04/23/2008

Electronic Signature of Signing Officer or Director

Date