

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44024

FILED
Apr 28, 2009
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

04/28/2009

Electronic Signature of Signing Officer or Director

Date