

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48954

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE COACH HOMES AT SUNSET BEACH OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

77 SUNSET STRIP
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1145
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 59-3232173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LINDA G.
174 DOGWOOD RD
DEFUNIAK SPRINGS, FL 32435 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: DP () Delete
Name: GIBBONS, JOHN
Address: 4301-D SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: DM () Delete
Name: DAVIS, LINDA G.
Address: 174 DOGWOOD ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: DVP () Delete
Name: BUSH, MARY JEAN
Address: 4305-B SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: DS () Delete
Name: HAMILTON, PATRICIA
Address: 4305-D SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578 US

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: LINDA G DAVIS

AM

04/29/2005

Electronic Signature of Signing Officer or Director

Date