2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90473 009 ****61.25

60032742

A LEGRICEL SIGNIGHT EIGHT GERM GEMLEGENT BERM GEMLEGENE STIGT SIERE LEGI ETHIEL ET 1851

LAS ÉRISAS COACH HOMES CONDOMINIUM ASSOCIATION, INC.,

DOCUMENT # N94000006190

Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSE SHOE DR S, # 25 NAPLES, FL 34104 US Mailing Address
C/O RESORT MANAGEMENT
2685 HORSE SHOE DR S, # 25
NAPLES, FL 34104 US

												11 1 1 1 1		
Principal Place of Business Address Mailing Address											 			
Clo Resor Management Clo Resor Management														
Suite, Apt. #, etc.								04142006	Chg-NP	CR2F	037 (11/05)			
2008 Horseshoe Dr. 5. # 215 Horseshoe Dr. 5. # 215														
City & State City & State									er		Ap	plied For		
Nades, FL Dades, FL								65-056	0041		No	t Applicable		
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired \$8.75 A			\$8.75 Add	itional			
3410	34104 USA		34	34104		USA		J. Certificate	Of Status Desired	, ,	Fee Require	d		
		and Address of Current		7. Name and Address of New Registered Agent										
Name														
SCHRECK, THOMAS								ress (P.O. Box Number is Not Acceptable)						
9050-202 L						Street A	aaress (i	P.O. BOX NUMBE	er is ivot accepta	ible)				
BONITA SI	PRINGS,	FL 34135												
City										F	Zip Code	•		
						l		·						
	8. 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. I am familiar with, and accept the obligations of registered agent.													
trie obligati	ions of regis	X	-/1	/ /										
<			X = X	U										
SIGNATURE .		Meshace /												
	Signature, typed	for printed name of registered agent i	and title if applica	.ble. (NOTE	:: Registere	ed Agent signat	ura required	when reinstating)		DATE		ľ		
				O Flooring Con				AF AA		Make abo	ck payable to			
	•	e is \$61.25	ļ	9. Election Carr Trust Fund C		-		\$5.00 May B Added to Fees	e F		artment of St	I		
	Due by M	May 1, 2006		Trustit und C		uon.		Added to Fees		iorida Dep				
10.		OFFICERS AND DIF	RECTORS		11.				ANGES TO OFFI	CERS AND I	DIRECTORS IN	10		
TITLE	Р			☐ Delete	TITL	E	ワシュ	「			Change	Addition		
NAME	SCHREK	, THOMAS			NAM	AE.		er South						
STREET ADDRESS	9050-202	LAS MADERAS DRIVE			ŞTRI	EET ADDRESS	1901	1-201 LC	is mader	ar Din	E.			
CITY-ST-ZIP	BONITA S	SPRINGS, FL 34135			CITY	r-ST-ZIP	120	itea som	hast !	34125				
TITLE	1		-	☐ Delete	TITL	F	DS	· · · · · · · · · · · · · · · · · · ·	<u> </u>	- · ·	☐ Change	Addition		
NAME				C Delete	NAM		Free	بعطعي ي			_ ,			
STREET ADDRESS	1					EET ADDRESS	9101	- 102 605	madera	5 Drive				
CITY-ST-ZIP						r-ST-ZIP								
					_			AC SONI	St. FL 3	マバラン		ET and be-		
TITLE				☐ Delete	TITL		DΤ				☐ Change	-Addition		
NAMÈ					NAM		lle	rcha	ייבויפינה הפופנה			ĺ		
STREET ADORESS						EET ADORESS			mad-era					
CITY-SI-ZIP					CITY	Y-ST-ZIP	Bov	740 <u>500</u>	ngs, FL	3413	5			
TITLE	ł			☐ Delete	TITL	.E			_		Change	Addition		
NAME					NAM	Æ								
STREET ADDRESS					\$TR	EET ADORESS								
CITY-ST-ZIP					CITY	Y-ST-ZIP								
TITLE				☐ Delete	TITL	.E					☐ Change	Addition		
NAME	l			- Delete	NAM						Cgo			
STREET ADDRESS						EET ADDRESS								
CITY-ST-ZIP						Y+ST-ZIP								
· · · · · · · · · · · · · · · · · · ·												_		
TITLE				Delete	TITL		<u> </u>				Change	Addition		
NAME	I				NAL	AE .	1							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lighten powered.

\$TREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #