2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000075584

1. Entity Name

COACHMAN HOMES OF SARASOTA, INC.



FILED Jan 09, 2004 08:00 AM Secretary of State

Principal Place of Business 145 1/2 N TAMIAMI TRAIL OSPREY, FL 34229 US Mailing Address

145 1/2 N TAMIAMI TRAIL OSPREY, FL 34229 US



01062004

No Chg-P

CR2E034 (10/03)

FEI Number
 65-0444554

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D 1900 RINGLING BLVD SARASOTA, FL 34236

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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.					
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered A			red Agent signature	required when rematating)	DATE
File NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZP	D FIGLESTHALER, WILLIAM H 3936 SPYGLASS HILL RD SARASOTA, FL 34238				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGLESTHALER, ROSEMARY H 3936 SPYGLASS HILL RD SARASOTA, FL 34238	g anggan an anggan an			09000001131 (1705/04-80028-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, DANIEL J 4057 LAS PALMAS WAY SARASOTA, FL 34238			DO	NOT WRITE
TETLE NAME STREET ADDRESS CXTY-ST-ZIP	D HENRY, SUSAN E 4057 LAS PALMAS WAY SARASOTA, FL. 34238			IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-JIP	V ZOOK, JOHN 821 TAAGA PL SARASOTA, FL				
MILE	l		1		

12. I hereby certify that the information supplied with this filling does not qualify 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 accurrate 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 receiper or fusive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with anyladdress, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SOMATURE AND TYPES OR PRINTED MANE OF STORMED OFFICER OR DISPETION

1/7/04

1-941-918.8408