

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007208

**Entity Name:** COACH HOMES IV AT MOODY RIVER ESTATES  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 15, 2018**  
**Secretary of State**  
**CC3702667540**

**Current Principal Place of Business:**

3050 MOODY RIVER BLVD  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

C/O COASTAL ASSOCIATION SERVICES, LLC  
P.O. BOX 152930  
CAPE CORAL, FL 33915 US

**FEI Number: 34-2032637**

**Certificate of Status Desired: No**

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

COASTAL ASSOCIATION SERVICES, LLC  
12553 NEW BRITTANY BLVD  
SUITE #3204  
FT. MYERS, FL 33907 US

*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: TROY FUTCH**

**03/15/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FREEMAN, MICHAEL  
Address C/O COASTAL ASSOCIATION  
SERVICES, LLC  
P.O. BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

Title PRESIDENT  
Name SHARKEY, JOANN  
Address C/O COASTAL ASSOCIATION  
SERVICES, LLC  
P.O. BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

Title SECRETARY, TREASURER  
Name WARD, THOMAS  
Address C/O COASTAL ASSOCIATION  
SERVICES, LLC  
P.O. BOX 152930  
City-State-Zip: CAPE CORAL FL 33915

*I hereby 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 all other like empowered.*

**SIGNATURE: JOANN SHARKEY**

**PRESIDENT**

**03/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date