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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1314 CAPE CORAL PKWY E #205 CAPE CORAL, FL 33904

DOCUMENT# N0400007208

Current Mailing Address:

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

FEI Number: 34-2032637

Name and Address of Current Registered Agent:

COASTAL ASSOCIATION SERVICES, LLC C/O COASTAL ASSOCIATION SERVICES, LLC P.O. BOX 152930 CAPE CORAL, FL 33915 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 Electronic Signature of Registered Agent

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Onicer	Director	Detail .

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

Ρ

SIGNATURE: JOANN SHARKEY

Electronic Signature of Signing Officer/Director Detail

FILED Apr 08, 2020 Secretary of State 8160594955CC

Certificate of Status Desired: No

04/08/2020 Date

04/08/2020

Date