

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007208

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

**FILED**  
**Apr 03, 2017**  
**Secretary of State**  
**CC6536203786**

**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**

**04/03/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	FREEMAN, MICHAEL	Name	SHARKEY, JOANN
Address	PO BOX 1848	Address	PO BOX 1848
City-State-Zip:	FT. MYERS FL 33902	City-State-Zip:	FT. MYERS FL 33902
Title	SECRETARY, TREASURER		
Name	WARD, THOMAS		
Address	PO BOX 1848		
City-State-Zip:	FT. MYERS FL 33902		

*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**

**04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date