

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08542

Entity Name: COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2616 AZALEA PLACE
LEESBURG, FL 34748**Current Mailing Address:**2616 AZALEA PLACE
LEESBURG, FL 34748 US**FEI Number:** 59-2998476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, JILL L
2616 AZALEA PLACE
LEESBURG, FL 34748 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name VEILLETTE, VIRGINIA M
Address 2509 TAFFY LANE
City-State-Zip: LEESBURG FL 34748

Title VP
Name MCCARTHY, BRUCE E
Address 2609 COLEMAN PLACE
City-State-Zip: LEESBURG FL 34748

Title SECR
Name RICH, JOANNE
Address 2502 LEISURE LANE
City-State-Zip: LEESBURG FL 34748

Title BM
Name ELLETT, GEORGIANNA B
Address 2633 HOLLY PLACE
City-State-Zip: LEESBURG FL 34748

Title BM
Name KING, DON
Address 2513 LEISURE LN.
City-State-Zip: LEESBURG FL 34748

Title BM
Name CARR, MAXINE
Address 2609 HOLLY PL.
City-State-Zip: LEESBURG FL 34748

Title TREASURER
Name CAMPBELL, JILL L
Address 2616 AZALEA PLACE
City-State-Zip: LEESBURG FL 34748

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: JILL L. CAMPBELL**TREASURER****04/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date