

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08542

**Entity Name:** COACHWOOD COLONY HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2505 LEISURE LANE  
LEESBURG, FL 34748**Current Mailing Address:**2505 LEISURE LANE  
LEESBURG, FL 34748 US**FEI Number:** 59-2998476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILLET, NANCY S  
2505 LEISURE LANE  
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:** NANCY S GILLET

03/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name KINGSLEY, NORMAN  
Address 2633 HOLLY PLACE  
City-State-Zip: LEESBURG FL 34748

Title BM  
Name ANDERSON, CHARLENE  
Address 724 COACHWOOD E  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name GILLET, NANCY S  
Address 2505 LEISURE LANE  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY  
Name VILETTE, JENNY  
Address 2509 TAFFY LANE  
City-State-Zip: LEESBURG FL 34748

Title VP  
Name DURWALD, GARY  
Address 2605 LEISURE LANE  
City-State-Zip: LEESBURG FL 34748

Title BM  
Name HERSOM, DEBBIE  
Address 728 COACHWOOD EAST  
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:** NANCY SOPHIA GILLET

TREASURER

03/04/2023

Electronic Signature of Signing Officer/Director Detail

Date