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.

DIRECTOR

SIGNATURE: MARK ROBERTS

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA	NOT FOR PROFIT	CORPORATION AN	INUAL REPORT

DOCUMENT# N1700000040

Entity Name: COACH HOMES AT ARBORWOOD PRESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

Current Mailing Address:

C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907 US

FEI Number: 81-49556

Name and Address of

TROPICAL ISLES MANAGE C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE SUITE 49 FORT 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.

		5	6	
SIGNATURE	: MARK RUDLAND	04/30/2021		
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	DIRECTOR	Title	DIRECTOR	
Name	ROBERTS, MARK	Name	JOYCE , DIANNE	
Address	C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE SUITE 49	Address	C/O TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE SUITE 49	
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907	

5681	Certificate of Status Desired: No
of Current Registered Agent:	
EMENT SERVICES, INC.	

04/30/2021

Apr 30, 2021 Secretary of State 6125596471CC

FILED