

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721337 (4)
1. Corporation Name
COCOHATCHEE MANOR, INC.



Principal Place of Business: **747 PALM VIEW DRIVE NAPLES FL 33942**
Mailing Address: **747 PALM VIEW DRIVE NAPLES FL 33942**

3. Date Incorporated or Qualified: **07/12/1971**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-2170043**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **MACY, JOSEPH 649 PALM VIEW DR NAPLES FL 33942**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOYER, EDWARD		1.2 NAME	
STREET ADDRESS: 677 PALM VIEW DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP: NAPLES FL		1.4 CITY-ST-ZIP	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LING, BARBARA E.		2.2 NAME	KRAFFT, CAROL
STREET ADDRESS: 745 PALM VIEW DR.		2.3 STREET ADDRESS	693 PALM VIEW DR.
CITY-ST-ZIP: NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YOUNGBERT, GILBERT		3.2 NAME	
STREET ADDRESS: 665 PALM VIEW DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: NAPLES FL		3.4 CITY-ST-ZIP	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOUISE PORTER		4.2 NAME	McVEIGH, INEZ
STREET ADDRESS: 749 PALM VIEW DRIVE		4.3 STREET ADDRESS	757 PALM VIEW DR.
CITY-ST-ZIP: NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FL
TITLE: PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOSEPH MACY		5.2 NAME	
STREET ADDRESS: 649 PALM VIEW DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP: NAPLES FL		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Krafft - CAROL KRAFFT 4-15-96 (24) 597-4429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/yr Phone #

CR2E037 (12/95)