

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721337

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: COCOHATCHEE MANOR, INC.

**Current Principal Place of Business:**

747 PALM VIEW DRIVE  
NAPLES, FL 33942

**New Principal Place of Business:**

187 FORET LAKES BLVD.  
NAPLES, FL 34105

**Current Mailing Address:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 59-2170043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRACEY, ROBERT T  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

GRACEY, ROBERT T SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 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: ROBERT T. GRACEY, SR.

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YOUNGBERT, GILBERT  
Address: 665 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL

Title: VPD ( ) Delete  
Name: SMITH, SHELBY  
Address: 653 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete  
Name: JOSEPH MACY  
Address: 649 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL

Title: AST ( ) Delete  
Name: GRACEY, ROBERT  
Address: 187 FOREST LAKES BLVD  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: PETERS, BOBBIE  
Address: 705 PALM VIEW DR  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: GRACEY, ROBERT  
Address: 187 FOREST LAKES BLVD  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP ( ) Change (X) Addition  
Name: SMITH, SHELBY  
Address: 653 PALM VIEW DR.  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT T. GRACEY, SR.

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

Date