

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721337

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** COCOHATCHEE MANOR, INC.

**Current Principal Place of Business:**

187 FORET LAKES BLVD.  
NAPLES, FL 34105

**New Principal Place of Business:**

**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 SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TURNER, GREGORY  
Address: 655 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL

Title: DS  
Name: SMITH, SHELBY  
Address: 653 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: MACY, JOSEPH  
Address: 649 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL

Title: TREA  
Name: GRACEY, ROBERT  
Address: 187 FOREST LAKES BLVD  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: KRAFT, CAROL  
Address: 693 PALM VIEW DR  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: HAMEL, SHIRLEY  
Address: 657 PALM VIEW DR.  
City-St-Zip: NAPLES, FL 34110

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: ROBERT T. GRACEY, SR.

TREA

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date