

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:09

DOCUMENT # 762398 (6)

1. Corporation Name

COCOANUT BAYOU ASSOCIATION, INC.

Principal Place of Business

Mailing Address

COCOANUT BAYOU ASSO. INC
PO BOX 15714
SARASOTA FL 34242-34277
US

COCOANUT BAYOU ASSO. INC
PO BOX 15714
SARASOTA FL 34242-34277
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1982

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2163583

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34277 Country

28 Zip 34277 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARNEY, EDWARD R
4316 MANGROVE PL
SARASOTA FL 34242

81 Name BARRY G. CILMAN

82 Street Address (P.O. Box Number is Not Acceptable)
4317 MIDNIGHT PASS RD.

84 City SARASOTA

FL

85 Zip Code 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CILMAN, BARRY G
STREET ADDRESS	4317 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	CARNEY, EDWARD, SR
STREET ADDRESS	4316 MANGROVE POINT RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	OLSEN, URSULA M. (MRS)
STREET ADDRESS	4111 HIGEL AVENUE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	NICHOLLS, ANDREW B.C.
STREET ADDRESS	4141 HIGEL AVENUE
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	OLSON, DOUGLAS E
STREET ADDRESS	251 CEDAR PARK CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	DT
NAME	BOBBITT, KIMBALL
STREET ADDRESS	4236 MANGROVE PLACE
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	←	
1.3 STREET ADDRESS	←	
1.4 CITY-ST-ZIP	←	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	←	
2.3 STREET ADDRESS	←	
2.4 CITY-ST-ZIP	←	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	←	
3.3 STREET ADDRESS	←	
3.4 CITY-ST-ZIP	←	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	☒ Change ☐ Addition
5.2 NAME	←	
5.3 STREET ADDRESS	←	
5.4 CITY-ST-ZIP	←	
6.1 TITLE	SD	☐ Change ☒ Addition
6.2 NAME	SHARON BANZHOF	
6.3 STREET ADDRESS	4305 MANGROVE PL	
6.4 CITY-ST-ZIP	SARASOTA, FL 34242	

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 110.07(3)(g), 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

EDWARD R. CARNEY, SR. EDWARD R. CARNEY, SR. 2-21-95 813-349-9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #