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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34277 US	COCOANUT BAYOU ASSO. INC PO BOX 15714 SARASOTA FL 34277-1714 US

3. Date Incorporated or Qualified: 03/11/1982
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

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

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

9. Name and Address of Current Registered Agent

CILMAN, BARRY G
4317 MIDNIGHT PASS RD
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CILMAN, BARRY G		1.2 NAME	
STREET ADDRESS	4317 MIDNIGHT PASS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARNEY, EDWARD , SR		2.2 NAME	
STREET ADDRESS	4316 MANGROVE POINT RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OLSEN, URSULA M. (MRS)		3.2 NAME	
STREET ADDRESS	4111 HIGEL AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLLS, ANDREW B.C.		4. 2 NAME	
STREET ADDRESS	4141 HIGEL AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	OLSON, DOUGLAS E		5.2 NAME	
STREET ADDRESS	251 CEDAR PARK CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BANZHOF, SHARON		6.2 NAME	
STREET ADDRESS	4305 MANGROVE PL		6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE