

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

3. Date Incorporated or Qualified

03/11/1982

4. FEI Number

59-2163583

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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 PD
NAME CILMAN, BARRY G
STREET ADDRESS 4317 MIDNIGHT PASS RD
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME CARNEY, EDWARD, SR
STREET ADDRESS 4316 MANGROVE POINT RD.
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME OLSEN, URSULA M. (MRS)
STREET ADDRESS 4111 HIGEL AVENUE
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE D
NAME NICHOLLS, ANDREW B.C.
STREET ADDRESS 4141 HIGEL AVENUE
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE VD
NAME OLSON, DOUGLAS E
STREET ADDRESS 251 CEDAR PARK CIR
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE SD
NAME BANZHOF, SHARON
STREET ADDRESS 4305 MANGROVE PL
CITY-ST-ZIP SARASOTA FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE 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 Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 19 1998 8:00am
Secretary of State



CR2E037 (5/98)