2001 UNIFORM BUSINESS REPORT (UBR)

May 29, 2001 8:00 am Secretary of State **DOCUMENT # 762398** 05-29-2001 90005 003 ****61.25 COCOANUT BAYOU ASSOCIATION, INC. Principal Place of Business Mailing Address 251 CEDAR PARK CIR 000033 251 CEDAR PARK CIR SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2163583 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) OLSON, DOUGLAS 251 CEDAR PARK CIR SARASOTA FL 34242 Zip Code City FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTH Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaigr Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE CILMAN, BARRY G NAME STREET ADDRESS 4317 MIDNIGHT PASS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE CARNEY, EDWARD, SR NAME NAME STREET ADDRESS STREET ADDRESS 4316 MANGROVE POINT RD. CITY+ST-7/P SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE OLSEN, URSULA M. (MRS) NAME NAME STREET ADDRESS 4111 HIGEL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE TITLE NICHOLLS, ANDREW B.C. NAME NAME STREET ADDRESS 4141 HIGEL AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE OLSON, DOUGLAS E NAME STREET ADDRESS 251 CEDAR PARK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete Change ☐ Addition SD TITLE TITLE BANZHOF, SHARON NAME NAME 4305 MANGROVE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL

FILED

URE: \$5.0 GIVIATURE REQUIF 1 DOUGLAS E. OLSON 5/25/2001 3/6/6-0090

12. Thereby 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 report or supplemental report is true and accurate and that r y 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 10 or Block 11 if