2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# 762398

Entity Name: COCOANUT BAYOU ASSOCIATION, INC.

Current Principal Place of Business:

251 CEDAR PARK CIR
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

251 CEDAR PARK CIR
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 59-2163583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, DOUGLAS
251 CEDAR PARK CIR
SARASOTA, FL 34242 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:	PD	( ) Delete
Name:	CILMAN, BARRY G	
Address:	4317 MIDNIGHT PASS RD	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	CARNEY, EDWARD , SR,	
Address:	4316 MANGROVE POINT RD.	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	OLSEN, URSULA M. (MR, S)	
Address:	4111 HIGEL AVENUE	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	NICHOLLS, ANDREW B.C, .	
Address:	4141 HIGEL AVENUE	
City-St-Zip:	SARASOTA, FL	
Title:	VD	( ) Delete
Name:	OLSON, DOUGLAS E	
Address:	251 CEDAR PARK CIR	
City-St-Zip:	SARASOTA, FL	
Title:	SD	( ) Delete
Name:	BANZHOF, SHARON	
Address:	4305 MANGROVE PL	
City-St-Zip:	SARASOTA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: D OLSON VD 01/29/2004

Electronic Signature of Signing Officer or Director Date