

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762398

FILED
Mar 13, 2008
Secretary of State

Entity Name: COCOANUT BAYOU ASSOCIATION, INC.

Current Principal Place of Business:

673 MANGROVE PT RD
SARASOTA, FL 34242 US

New Principal Place of Business:

265 CEDAR PARK CIRCLE
SARASOTA, FL 34242 US

Current Mailing Address:

673 MANGROVE PT RD
SARASOTA, FL 34242 US

New Mailing Address:

265 CEDAR PARK CIRCLE
SARASOTA, FL 34242 US

FEI Number: 59-2163583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWOR, MICHAEL
265 CEDAR PARK CIRCLE
SARASOTA, FL 34242 US

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: G. MICHAEL SWOR

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WINDT, JACK
Address: 222 LITTLE POND LN
City-St-Zip: SARASOTA, FL 34242

Title: VD () Delete
Name: GALLAGHER, TOM
Address: 4406 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: GARNER, LEONARD
Address: 819 MANGROVE PT.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: CANDIOTTE, MARK
Address: 221 CEDAR PK CIR.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: LAVELLE, LAURIE
Address: 72 MANGROVE PT. RD.
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: BLEKICKI, BURMA
Address: 4238 MANGROVE PLACE
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WINDT, JACK
Address: 222 LITTLE POND LN
City-St-Zip: SARASOTA, FL 34242

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: PD (X) Change () Addition
Name: SWOR, MICHAEL
Address: 265 CEDAR PARK CIRCLE
City-St-Zip: SARASOTA, FL 34242

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: G. MICHAEL SWOR

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date