2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 762398

Entity Name: COCOANUT BAYOU ASSOCIATION, INC.

Current Principal Place of Business:

265 CEDAR PARK CIRCLE
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

265 CEDAR PARK CIRCLE
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:

SWOR, MICHAEL
265 CEDAR PARK CIRCLE
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:	D	( ) 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:	PD	( ) Delete
Name:	SWOR, MICHAEL	
Address:	265 CEDAR PARK CIRCLE	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	LAVELLE, LAURA	
Address:	723 MANGROVE PT RD.	
City-St-Zip:	SARASOTA, FL 34242	
Title:	D	(X) Change ( ) Addition
Name:	MARLOWE, ANDREW M	
Address:	4317 MIDNIGHT PASS ROAD	
City-St-Zip:	SARASOTA, FL 34242	
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 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: MICHAEL SWOR PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date