

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90055 034 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000001937

1. Entity Name
**COCONUT SHORES II CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**801 VINTAGE PKY.
FT. MYERS, FL 33918**

Mailing Address
**801 VINTAGE PKY.
FT. MYERS, FL 33918**

2. Principal Place of Business
**C/O R&P Prop. Mgmt.
265 Airport Rd. S.
Naples, FL
34104 USA**

3. Mailing Address
**C/O R&P Prop. Mgmt.
265 Airport Rd. S.
Naples FL
34101 USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-3654560** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWALM & BOURGEOU, P.A.
2375 TAMiami TRAIL N., SUITE 308
NAPLES, FL 33940**

7. Name and Address of New Registered Agent

Name **R&P Property Management**
Street Address (P.O. Box Number is Not Acceptable)
**265 Airport Rd. S.
City Naples FL 34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	HOOLIHAN, THOMAS	8001 VINTAGE PKY.	FT. MYERS, FL 33912	☐
D	HEREK, MARGO	8001 VINTAGE PKY.	FT. MYERS, FL 33912	☐
D	KOENIG, LORI	8001 VINTAGE PKY.	FT. MYERS, FL 33912	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Careline Phone #

CP2E037 (10/02)