


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000005511		
1. Entity Name COCO BAY COMMUNITY ASSOCIATION, INC.		

Principal Place of Business 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108	Mailing Address 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108
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2. Principal Place of Business Tropical Isles Mgmt. Suite, Apt. #, etc. 12734 Kenwood Ln #52 City & State Ft. Myers, FL Zip 33907 Country USA	3. Mailing Address 12734 Kenwood Ln. Suite, Apt. #, etc. Suite # 52 City & State Ft. Myers, FL Zip 33907 Country USA
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FILED
06 AUG 15 PM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-1357320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUEMLER, TIMOTHY J 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIPP, ESTELLE 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Wil Rivait 16350 Coco Hammock Way Ft. Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODNIGHT, JOHN 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Richard Christlieb 197 Eagle Shore Rd. Moultonborough, NH 03254 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNSINN, DIANA 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Phil Shelly 16277 Coco Hammock Way # 201 Ft. Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Harry Merrick PO Box 28 Upperco, MD 21155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Div Joseph Canning 11092 Sea Tropic Ln. Ft. Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  8-8-2006
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #