

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721337

Entity Name: COCOHATCHEE MANOR, INC.**Current Principal Place of Business:**187 FOREST LAKES BLVD.
NAPLES, FL 34105**Current Mailing Address:**187 FOREST LAKES BLVD
NAPLES, FL 34105**FEI Number:** 59-2170043**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRACEY, ROBERT TSR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	TURNER, GREGORY
Address	655 PALM VIEW DRIVE
City-State-Zip:	NAPLES FL

Title	DS
Name	SMITH, SHELBY
Address	653 PALM VIEW DRIVE
City-State-Zip:	NAPLES FL 34110

Title	D
Name	HAMEL, SHIRLEY
Address	657 PALM VIEW DRIVE
City-State-Zip:	NAPLES FL

Title	TREA
Name	GRACEY, ROBERT
Address	187 FOREST LAKES BLVD
City-State-Zip:	NAPLES FL 34105

Title	D
Name	KRAFT, CAROL
Address	693 PALM VIEW DR
City-State-Zip:	NAPLES FL 34110

Title	DVP
Name	VENTRY, DEIDRE
Address	709 PALM VIEW DR.
City-State-Zip:	NAPLES FL 34110

I hereby 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 all other like empowered.

SIGNATURE: GREGORY TURNER**PRESIDENT****04/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date