

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 721337

Entity Name: COCOHATCHEE MANOR, INC.

Current Principal Place of Business:

6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-2170043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS F LIVELY

07/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VENTRY, DEIRDRE
Address 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VP, T
Name SMITH, SUE
Address C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title D
Name ANDREWS, ELYSIA
Address C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title D
Name CARLSON, INGEBORG
Address C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title D
Name TIMM, DONALD A
Address C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

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: DEIRDRE VENTRY

PRESIDENT

07/13/2016

Electronic Signature of Signing Officer/Director Detail

Date