

**2015 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 DVP  
Name TURNER, GREGORY  
Address 200 VINTAGE CIRCLE APT. 502  
City-State-Zip: NAPLES FL 34119

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

Title D  
Name SKODA, SANDRA  
Address 681 PALM VIEW DRIVE  
City-State-Zip: NAPLES FL 34110

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

Title D  
Name GUILLEN, MIGUEL  
Address 200 VINTAGE CIRCLE APT. 502  
City-State-Zip: NAPLES FL 34119

Title PRESIDENT  
Name GUIDIDAS, ANN  
Address 1550 13TH AVE. NO..  
City-State-Zip: NAPLES FL 34102

*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: ROBERT T. GRACEY, SR.**

**PRESIDENT**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date