2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2016
Secretary of State
CC7865011465

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Entity Name: COCOANUT BAYOU ASSOCIATION, INC.

Current Principal Place of Business:

4315 MANGROVE PLACE
SARASOTA, FL 34242

Current Mailing Address:

4315 MANGROVE PLACE
SARASOTA, FL 34242 US

FEI Number: 59-2163583

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CREATURO, MICHAEL
4315 MANGROVE PLACE
SARASOTA, FL 34242 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: MICHAEL CREATURO 04/01/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT
Name	CREATURO, MICHAEL
Address	4315 MANGROVE PLACE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	CROSSLEY, DENISE
Address	251 CEDAR PARK CIRCLE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	LAVELLE, LAURA
Address	723 MANGROVE POINT ROAD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR, VP
Name	PETERS, MICHAEL
Address	4195 HIGEL AVENUE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	WALKER, MICHAEL
Address	244 CEDAR PARK CIRCLE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	WINDT, JACK
Address	222 LITTLE POND LANE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR, TREASURER
Name	HYDEMAN, JUDITH
Address	4165 HIGEL AVENUE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	DEL MASTRO, PATRICK
Address	4305 MIDNIGHT PASS ROAD
City-State-Zip:	SARASOTA FL 34242

Continues on page 2

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: JUDITH HYDEMAN TREASURER 04/01/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, SECRETARY
Name	JORDAN, KAREN
Address	4333 HIGEL AVENUE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	BOULDEN, LAIRD
Address	4225 HIGEL AVENUE
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	ANDREWS, ALLEN
Address	635 MANGROVE POINT RD
City-State-Zip:	SARASOTA FL 34242

Title	DIRECTOR
Name	SALMORE, EVAN
Address	4305 MANGROVE PLACE
City-State-Zip:	SARASOTA FL 34242