

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762398

Entity Name: COCOANUT BAYOU ASSOCIATION, INC.**Current Principal Place of Business:**4238 MANGROVE PLACE
SARASOTA, FL 34242**Current Mailing Address:**4238 MANGROVE PLACE
SARASOTA, FL 34242 US**FEI Number: 59-2163583****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLEKICKI, BURMA
4238 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT
Name BLEKICKI, BURMA A
Address 4238 MANGROVE PLACE
City-State-Zip: SARASOTA FL 34242

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

Title DIRECTOR, SECRETARY
Name CROSSLEY, DENISE
Address 251 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
Name LAVELLE, LAURA
Address 723 MANGROVE POINT ROAD
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 PETERS, MICHAEL
Address 4195 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

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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: DENISE CROSSLEY**SECRETARY****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALLIN, KATHERINE
Address 204 CEDAR PARK CIR
City-State-Zip: SARASOTA FL 34242

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

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