

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762871

**Entity Name:** COON KEY PASS FISHING VILLAGE CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC9335013715**

**Current Principal Place of Business:**

611 PALM AVE.EAST  
611 E. PALM AVE.  
GOODLAND, FL 34140

**Current Mailing Address:**

611 PALM AVE.EAST  
P.O.BOX 786  
GOODLAND, FL 34140

**FEI Number: 59-2524676**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TENNEY, JENNIFER MESQ  
606 BALD EAGLE DRIVE  
SUITE 500  
MARCO ISLAND, FL 34145 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 COOPER, MICHAEL  
Address P.O.BOX 43 611 E. PALM AVE.  
City-State-Zip: GOODLAND FL 34140

Title DT  
Name KEIRN, SUSAN  
Address 611 E. PALM AVE PO BOX 755  
City-State-Zip: GOODLAND FL

Title DS  
Name BEATTIE, DIANE  
Address 611 E. PALM AVE PO BOX 747  
City-State-Zip: GOODLAND FL

Title D  
Name LUDWIG, JOSEPH  
Address 330 WITHERUP ROAD  
City-State-Zip: KENNERDELL PA 16374

Title DP  
Name GRIGSBY, WADE  
Address 36 COUNCIL ROAD  
City-State-Zip: VENUS FL 33960

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: SUSAN I. KEIRN**

**DIRECTOR, TREASURER 01/11/2015**

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

\_\_\_\_\_  
Date