

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005511

Entity Name: COCO BAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE #49
FT. MYERS, FL 33907**Current Mailing Address:**TROPICAL ISLES MANAGMENT
12734 KENWOOD LANE #49
FT. MYERS, FL 33907 US**FEI Number:** 20-1357320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC
2030 MCGREGOR BLVD.
FORT MYERS, FL 33901 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:** MARK RUDLAND

03/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MILLER, DARREN
Address TROPICAL ISLES MANAGMENT
 12734 KENWOOD LANE #49
City-State-Zip: FT. MYERS FL 33907

Title DIRECTOR
Name PASSANANTE, JOE
Address TROPICAL ISLES MANAGMENT
 12734 KENWOOD LANE #49
City-State-Zip: FT. MYERS FL 33907

Title TREASURER
Name POHLHAUS, MARK
Address TROPICAL ISLES MANAGMENT
 12734 KENWOOD LANE #49
City-State-Zip: FT. MYERS FL 33907

Title VP
Name JERRY , CAMPBELL
Address TROPICAL ISLES MANAGEMENT
 12734 KENWOOD LANE #49
City-State-Zip: FT. MYERS FL 33907

Title SECRETARY
Name JUDITH , LABHART
Address TROPICAL ISLES MANAGEMENT
 12734 KENWOOD LANE #49
City-State-Zip: FT. MYERS FL 33907

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: MARK POHLHAUS

TREASURER

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date