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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719977 (1)

1. Corporation Name

COCOHATCHEE VILLAS, INC.

Principal Place of Business

167 CROWN DR
NAPLES FL 33942

Mailing Address

654 PALM VIEW DR
APT 3
NAPLES FL 34110-5712
US3. Date Incorporated or Qualified
12/31/19703a. Date of Last Report
02/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1617591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINCKLER, FLORENCE E.
654 PALM VIEW DR.
NAPLES FL 33942

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CLOSIUS, FRED
STREET ADDRESS 173 CROWN DRIVE
CITY-ST-ZIP NAPLES FLTITLE P ☐ DELETE
NAME RYCH, GLENN
STREET ADDRESS 624 PALM VIEW DR
CITY-ST-ZIP NAPLES FLTITLE D ☐ DELETE
NAME THOMPSON, BOBBY C
STREET ADDRESS 682 PALM VIEW DR
CITY-ST-ZIP NAPLES, FL 00000TITLE S ☐ DELETE
NAME POWER, NAME E
STREET ADDRESS 179 CROWN DR
CITY-ST-ZIP NAPLES, FL 00000TITLE T ☐ DELETE
NAME WINCKLER, FLORENCE E.
STREET ADDRESS 654 PALM VIEW DR
CITY-ST-ZIP NAPLES FLTITLE D ☐ DELETE
NAME BAUM, MARY
STREET ADDRESS 628 PALM VIEW DRIVE
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME SQUIRES, HARRY
1.3 STREET ADDRESS 626 PALM VIEW DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 341102.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Florence E. Winckler, Treasurer 7/9/97 1-941-597-5246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059917

CR2E037 (9/96)