


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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 33942 US		
2. Principal Place of Business 21 654 Palm View Dr. Suite, Apt. #, etc. 22 Naples, FL City & State 23 34110 U.S. Zip Country 24 34110 U.S. Zip Country		2a. Mailing Address 26 654 Palm View Dr. Suite, Apt. #, etc. 27 Naples, FL City & State 28 34110 USA Zip Country 29 34110 USA Zip Country		3. Date Incorporated or Qualified 12/31/1970 4. FEI Number 59-1617591 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WINCKLER, FLORENCE E. 654 PALM VIEW DR. NAPLES FL 33942			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	CLOSIUS, FRED				
STREET ADDRESS	173 CROWN DRIVE				
CITY - ST - ZIP	NAPLES FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	RYCH, GLENN				
STREET ADDRESS	624 PALM VIEW DR				
CITY - ST - ZIP	NAPLES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	THOMPSON, BOBBY C				
STREET ADDRESS	682 PALM VIEW DR				
CITY - ST - ZIP	NAPLES, FL 00000				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	POWER, NIAE E				
STREET ADDRESS	179 CROWN DR				
CITY - ST - ZIP	NAPLES, FL 00000				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	WINCKLER, FLORENCE E.				
STREET ADDRESS	654 PALM VIEW DR				
CITY - ST - ZIP	NAPLES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BAUM, MARY				
STREET ADDRESS	628 PALM VIEW DRIVE				
CITY - ST - ZIP	NAPLES FL				
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME GUIRES, HARRY 1.3 STREET ADDRESS 626 Palm View Dr. 1.4 CITY - ST - ZIP Naples, FL 34110 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					

14. I 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 (FLORENCE E. WINCKLER) Treasurer

CR2E037 (10/97)