

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90061 032 ****61.25

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DOCUMENT # 719977

1. Corporation Name

COCOCHATCHEE VILLAS, INC.

Principal Place of Business

654 PALM VIEW DR
NAPLES FL 34110
US

Mailing Address

654 PALM VIEW DR
NAPLES FL 34110
US



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

3. Date Incorporated or Qualified

12/31/1970

4. FEI Number

59-1617591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 *Florence E. Winckler*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SQUIRES, HARRY
STREET ADDRESS 626 PALM VIEW DR
CITY-ST-ZIP NAPLES FL 34110

TITLE P ☒ DELETE
NAME RYCH, GLENN
STREET ADDRESS 624 PALM VIEW DR
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE
NAME THOMPSON, BOBBY C
STREET ADDRESS 682 PALM VIEW DR
CITY-ST-ZIP NAPLES, FL 00000

TITLE S ☐ DELETE
NAME POWER, NIAE E
STREET ADDRESS 179 CROWN DR
CITY-ST-ZIP NAPLES, FL 00000

TITLE T ☐ DELETE
NAME WINCKLER, FLORENCE E.
STREET ADDRESS 654 PALM VIEW DR
CITY-ST-ZIP NAPLES FL

TITLE 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT
SQUIRES, HARRY
626 PALM VIEW DR.
NAPLES, FL. 34110

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DIRECTOR
HUNTER, JEAN
171 CROWN DR.
NAPLES, FL. 34110

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VICE PRESIDENT
THOMPSON, BOBBY C.
682 PALM VIEW DR.
NAPLES, FL. 34110

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Florence E. Winckler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 94-597-5246
Date Daytime Phone #

CR2E037 (11/98)