

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719977

1. Entity Name

COCOHATCHEE VILLAS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90141 002 ****61.25

Principal Place of Business

Mailing Address

654 PALM VIEW DR
NAPLES FL 34110
US

654 PALM VIEW DR
NAPLES FL 34110-5712
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1617591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Florence E. Winckler

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

(NOTE: Registered Agent signature required when reinstating)

3/16/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS HUNTER, JEAN
CITY-ST-ZIP 171 CROWN DR
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMPSON, BOBBY C
CITY-ST-ZIP 682 PALM VIEW DR
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME GLASE, CATHERINE
STREET ADDRESS 622 PALM VIEW DR.
CITY-ST-ZIP NAPLES, FL, 34110

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BAUM, MARY
CITY-ST-ZIP 628 PALM VIEW DRIVE
NAPLES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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
FLORENCE E. WINCKLER

3/16/00

Date

941-597-5246

Daytime Phone #

CR2E037 (9/99)