

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90019 035 ****61.25

DOCUMENT # 719977

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1617591

Applied For

Not Applicable

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

2-13-01

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **President** ☐ Change ☒ Addition
NAME **SQUIRES, HARRY**
STREET ADDRESS **626 Palm View Dr.**
CITY-ST-ZIP **Naples, FL 34110**

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

TITLE **Director** ☒ Change ☐ Addition
NAME **Hunter, Jean**
STREET ADDRESS **171 Crown Dr.**
CITY-ST-ZIP **Naples, FL 34110**

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

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **FLORENCE E. WINCKLER**
STREET ADDRESS **654 Palm View Dr.**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **S** ☐ Delete
NAME **GLASE, CATHERINE**
STREET ADDRESS **622 PALM VIEW DR**
CITY-ST-ZIP **NAPLES FL 34110**

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

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

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

TITLE **D** ☐ Delete
NAME **BAUM, MARY**
STREET ADDRESS **628 PALM VIEW DRIVE**
CITY-ST-ZIP **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
FLORENCE E. WINCKLER

2-13-01

941-597-5246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)