

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90096 033 ****61.25

DOCUMENT # 719977

1. Entity Name

COCOHATCHEE VILLAS, INC.

Principal Place of Business

Mailing Address

654 PALM VIEW DR
 NAPLES FL 34110
 US

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

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	<input checked="" type="checkbox"/> Delete
NAME	SQUIRES, HARRY	
STREET ADDRESS	626 PALM VIEW DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SQUIRES, HARRY	
STREET ADDRESS	626 PALM VIEW DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, JEAN	
STREET ADDRESS	171 CROWN DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLASE, CATHERINE	
STREET ADDRESS	622 PALM VIEW DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WINCKLER, FLORENCE E.	
STREET ADDRESS	654 PALM VIEW DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUM, MARY	
STREET ADDRESS	628 PALM VIEW DRIVE	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR MARTINS	
STREET ADDRESS	179 CROWN DR.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY SQUIRES	
STREET ADDRESS	626 PALM VIEW DR.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA POST	
STREET ADDRESS	167 CROWN DRIVE	
CITY-ST-ZIP	NAPLES, FL 34110	

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

4-1-02
 Date

941-599-5246
 Daytime Phone #

CR2E037 (9/01)