

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90006 031 \*\*\*\*61.25

**DOCUMENT # 719977**

1. Entity Name

COCOHATCHEE 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

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

7. Name and Address of New Registered Agent

Name

Street Address

City

Claire Paron  
173 Crown Dr.  
Naples, FL 34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Claire L. Paron*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SQUIRES, HARRY	
STREET ADDRESS	626 PALM VIEW DR	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	VP	<input 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	SQUIRES, HARRY	
STREET ADDRESS	622 PALM VIEW DR	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	POST, BARBARA	
STREET ADDRESS	167 CROWN DR	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINS, HECTOR	
STREET ADDRESS	179 CROWN DR	
CITY - ST - ZIP	NAPLES FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Harry G. Squires*  
HARRY G SQUIRES  
DIRECTOR  
2-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #