


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 040 ****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 173 CROWN DR Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State NAPLES FL		City & State _____		4. FEI Number 59-1617591	
Zip 34110		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARON, CLAIRE 173 CROWN DR NAPLES, FL 34110			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME SQUIRES, HARRY STREET ADDRESS 626 PALM VIEW DR CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME IRMA SCHAMER STREET ADDRESS 680 PALM VIEW DR NAPLES FL 34110 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SQUIRES, HARRY STREET ADDRESS 626 PALM VIEW DR. CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE TREASURER NAME CLAIRE PARON STREET ADDRESS 173 CROWN DR NAPLES FL 34110 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HUNTER, JEAN STREET ADDRESS 171 CROWN DR. CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME SQUIRES, HARRY STREET ADDRESS 622 PALM VIEW DR CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME POST, BARBARA STREET ADDRESS 167 CROWN DR CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P NAME MARTINS, HECTOR STREET ADDRESS 179 CROWN DR CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Claire L. Paron</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/5/05</u> <small>Date Daytime Phone #</small>		