

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719977

FILED
Apr 07, 2009
Secretary of State

Entity Name: COCOHATCHEE VILLAS, INC.

Current Principal Place of Business:

173 CROWN DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

682 PALM VIEW DRIVE
NAPLES, FL 34110 US

Current Mailing Address:

173 CROWN DRIVE
NAPLES, FL 34110 US

New Mailing Address:

682 PALM VIEW DRIVE
NAPLES, FL 34110 US

FEI Number: 59-1617591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARON, CLAIRE
173 CROWN DR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

LEBIN, CARLA
682 PALM VIEW DRIVE
NAPLES, FL 34110 US

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: CLAIRE PARON

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: PARON, CLAIRE
Address: 173 CROWN DR
City-St-Zip: NAPLES, FL 34110

Title: DT () Delete
Name: THOMAS, JOYCE
Address: 169 CROWN DR
City-St-Zip: NAPLES, FL 34110

Title: P () Delete
Name: MARTINS, HECTOR
Address: 179 CROWN DR
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: SCOTT, BILL
Address: 167 CROWN DR
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: THOMAS, RICHARD
Address: 169 CROWN DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LEBIN, CARLA
Address: 682 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIL, ELIDA
Address: 624 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE PARON

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date