

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719977

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: COCOHATCHEE VILLAS, INC.

**Current Principal Place of Business:**

682 PALM VIEW DRIVE  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

682 PALM VIEW DRIVE  
NAPLES, FL 34110 US

**New Mailing Address:**

C/O KMA COMPANY  
PO BOX 111802  
NAPLES, FL 34108 US

FEI Number: 59-1617591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SOLOMON, HERB MGR  
9844 LUNA CIRCLE  
#D103  
NAPLES, FL 34109 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: HERB SOLOMON, MGR

03/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: P  
Name: LEBIN, CARLA  
Address: 682 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL 34110

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

Title: D  
Name: GIL, ELIDA  
Address: 624 PALM VIEW DRIVE  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: HERB SOLOMON

MGR

03/29/2010

Electronic Signature of Signing Officer or Director

Date