2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719977

FILED Jan 09, 2012 Secretary of State

Entity Name: COCOHATCHEE VILLAS, INC.

Current Principal Place of Business: New Principal Place of Business:

682 PALM VIEW DRIVE 628 PALM VIEW DR NAPLES, FL 34110 US NAPLES, FL 34110 US

Current Mailing Address: New Mailing Address:

C/O HERB SOLOMON @ KMA COMPANY C/O WILLIAM J. MORRISON PO BOX 111802 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: Name and Address of New Registered Agent:

STEVE, ADAMCZYK ATTY.

8950 FONTANA DEL SOL WAY

SUITE 100

NAPLES, FL 34110 US

MORRISON, WILLIA M J TREAS
628 PALM VIEW DR.
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: WILLIAM J. MORRISON 01/09/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D P

NAPLES, FL 34108

Name: WIELMS, GENE
Address: 626 PALM VIEW DR.
City-St-Zip: NAPLES, FL 34110

Title: D T

Name: MORRISON, WILLIAM J Address: 628 PALM VIEW DR. City-St-Zip: NAPLES, FL 34110

Title:

Name: HEROW, ROGER
Address: 680 PALM VIEW DR.
City-St-Zip: NAPLES, FL 34110

Title:

Name: GIL, ELIDA

Address: 624 PALM VIEW DRIVE City-St-Zip: NAPLES, FL 34110

Title: SEC

Name: MORRISON, MARILYN J Address: 628 PALM VIEW DR. 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: WILLIAM J. MORRISON TREA 01/09/2012