2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 720333

Entity Name: COCOHATCHEE CLUB, INC.

Current Principal Place of Business:

647 PALM VIEW DRIVE
MAPLES, FL 34110

New Principal Place of Business:

647 PALM VIEW DRIVE
NAPLES, FL 34110

Current Mailing Address:

647 PALM VIEW DRIVE
MAPLES, FL 34110

New Mailing Address:

647 PALM VIEW DRIVE
NAPLES, FL 34110

FEI Number: 59-1447238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFFE, MARIE
513 PALM VIEW DR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLIFFE, MARIE
Address: 513 PALM VIEW DR
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: MANCHESTER, DOUG
Address: 625 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: DWYER, SEAN
Address: 609 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: DIMARTINO, JOHN
Address: 641 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Change (X) Addition
Name: CHIPMAN, ELIE
Address: 621 PALM VIEW DR.
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Change (X) Addition
Name: DEVITO, FRANK
Address: 5820 N CHURCH AVE. UNIT 242
City-St-Zip: TAMPA,, FL 33614

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: MARIE CLIFFE P 04/08/2009
Electronic Signature of Signing Officer or Director — Date