

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721337

FILED
Apr 18, 2011
Secretary of State

Entity Name: COCOHATCHEE MANOR, INC.

Current Principal Place of Business:

187 FORET LAKES BLVD.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105

New Mailing Address:

FEI Number: 59-2170043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 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: DP
Name: TURNER, GREGORY
Address: 655 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL

Title: DS
Name: SMITH, SHELBY
Address: 653 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DVP
Name: MACY, JOSEPH
Address: 649 PALM VIEW DRIVE
City-St-Zip: NAPLES, FL

Title: TREA
Name: GRACEY, ROBERT
Address: 187 FOREST LAKES BLVD
City-St-Zip: NAPLES, FL 34105

Title: D
Name: KRAFT, CAROL
Address: 693 PALM VIEW DR
City-St-Zip: NAPLES, FL 34110

Title: DVP
Name: HAMEL, SHIRLEY
Address: 657 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: ROBERT T. GRACEY, SR.

TREA

04/18/2011

Electronic Signature of Signing Officer or Director

Date