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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746633** (7)
1. Corporation Name
COCONUT RIVER ESTATES CMIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
2190 CLIPPER WAY NAPLES FL 33942 **2190 CLIPPER WAY NAPLES FL 33942**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/04/1979** 3a. Date of Last Report **06/01/1994**

4. FEI Number **59-2013579** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FAUST, JACK
2521 LONGBOAT DR.
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jack Faust* DATE **4/14/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATTERFIELD, WM	12 NAME	
STREET ADDRESS	2649 CLIPPER WAY	13 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, LISA	22 NAME	
STREET ADDRESS	2233 CLIPPER WAY	23 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, BATINA L.	32 NAME	
STREET ADDRESS	2425 CLIPPER WAY	33 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	34 CITY, ST, ZIP	
TITLE	TD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKEL, MELODY	42 NAME	TD
STREET ADDRESS	2344 CLIPPER WAY	43 STREET ADDRESS	ROBERT C. BORNEMAN
CITY, ST, ZIP	NAPLES FL	44 CITY, ST, ZIP	2537 OUTRIGGER LANE
TITLE	VD	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DEBORAH	52 NAME	VD
STREET ADDRESS	2392 CLIPPER WAY	53 STREET ADDRESS	JENNIFER BROWN
CITY, ST, ZIP	NAPLES FL	54 CITY, ST, ZIP	2745 LONGBOAT DRIVE
TITLE	VD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, SUSAN	62 NAME	
STREET ADDRESS	2833 CLIPPER WAY	63 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Katterfield* DATE: **Apr. 13, 95** TELEPHONE: **813-643-6628**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR: **William KATTERFIELD, PRESIDENT**