

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746633 (7)
1. Corporation Name
COCONUT RIVER ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 2190 CLIPPER WAY NAPLES FL 33942	Mailing Address 2190 CLIPPER WAY NAPLES FL 34104-3320
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3. Date Incorporated or Qualified 04/04/1979	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2013579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE *Jack Faust* **JACK FAUST** **APR 9, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATTERFIELD, WM	
STREET ADDRESS	2849 CLIPPER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORTON, LISA	
STREET ADDRESS	2233 CLIPPER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COOKE, BATINA L.	
STREET ADDRESS	2425 CLIPPER WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORNEMAN, ROBERT C	
STREET ADDRESS	2537 OUTRIGGER LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JENNIFER	
STREET ADDRESS	2745 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JORDAN, SUSAN	
STREET ADDRESS	2833 CLIPPER WAY	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SYRAGATHA OLDZIEJ
3.3 STREET ADDRESS	2457 LONGBOAT DRIVE
3.4 CITY-ST-ZIP	NAPLES, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD HEATHER DEHNZ
5.3 STREET ADDRESS	2201 CLIPPER WAY
5.4 CITY-ST-ZIP	NAPLES, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

William Katterfield

CR2E037 (9/96)