


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CMC ASSOCIATION, INC.

Principal Place of Business 2180 CLIPPER WAY NAPLES FL 33942	Mailing Address 2180 CLIPPER WAY NAPLES FL 33942
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2. Principal Place of Business 21 COCONUT RIVER ESTATES CIVIC ASSOCIATION INC. 2180 CLIPPER WAY NAPLES, FL 34104	2a. Mailing Address 26 COCONUT RIVER ESTATES CIVIC ASSOCIATION INC. 2180 CLIPPER WAY NAPLES, FL 34104
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 04/04/1979		
4. FEI Number 59-2013579	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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** DATE **04-09-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATTERFIELD, WM 2849 CLIPPER WAY NAPLES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORTON, LISA 2233 CLIPPER WAY NAPLES FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLDZIEJ, AGATHA 2457 LONGBOAT DR. NAPLES FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORNEMAN, ROBERT C 2537 OUTRIGGER LANE NAPLES FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEHNZ, HEATHER 2201 CLIPPER WAY NAPLES FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JORDAN, SUSAN 2633 CLIPPER WAY NAPLES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD MARK B. MORTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2233 CLIPPER WAY NAPLES, FL 34104	
VD DIANE R. BROOKS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2377 LONGBOAT DRIVE NAPLES, FL 34104	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.

SIGNATURE: *Robert C. Borneman* **ROBERT C. BORNEMAN** TREASURER DATE **04-09-98** (747) 643-5841

CFR2E037 (10/97)