


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90248 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 746633 1. Corporation Name COCONUT RIVER ESTATES CIVIC ASSOCIATION, INC.		
Principal Place of Business 2190 CLIPPER WAY NAPLES FL 34104 US	Mailing Address 2190 CLIPPER WAY NAPLES FL 34104 US	



2. Principal Place of Business 21 2190 Clipper Way Suite, Apt. #, etc. 22 -	2a. Mailing Address 26 2190 Clipper Way Suite, Apt. #, etc. 27 -	3. Date Incorporated or Qualified 04/04/1979
City & State 23 Naples FL Zip Country 24 34104 25 US	City & State 28 Naples FL Zip Country 29 34104 30 US	4. FEI Number 59-2013579 Applied For Not Applicable
9. Name and Address of Current Registered Agent FAUST, JACK 2521 LONGBOAT DR. NAPLES FL 33942		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

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 Morton, Mark 82 Street Address (P.O. Box Number is Not Acceptable) 2233 Clipper Way 83 84 City Naples FL FL 85 Zip Code 34104	
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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 Mark B Morton DATE 4/29/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, MARK B	1.2 NAME	
STREET ADDRESS	2233 CLIPPER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DIANE R	2.2 NAME	
STREET ADDRESS	2377 LONGBOAT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLDZIEJ, AGATHA	3.2 NAME	SD McDaniel, Karen
STREET ADDRESS	2457 LONGBOAT DR.	3.3 STREET ADDRESS	2216 Clipper Way
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORNEMAN, ROBERT C	4.2 NAME	TD. Crawley, David
STREET ADDRESS	2537 OUTRIGGER LANE	4.3 STREET ADDRESS	2296 Clipper Way
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D. McHerfield, William
STREET ADDRESS		5.3 STREET ADDRESS	2649 Clipper Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Mark B Morton DATE: 4/29/99 DAYTIME PHONE: (941) 403-6903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)