

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90026 030 ****61.25

0001470

DOCUMENT # 746633

1. Entity 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
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2. Principal Place of Business 2190 CLIPPER WAY Suite, Apt. #, etc.	3. Mailing Address 2190 CLIPPER WAY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA	4. FEI Number 59-2013579	Applied For <input type="checkbox"/> Not Applicable
Zip 34104	Country U.S.	Zip 34104	Country US

6. Name and Address of Current Registered Agent MORTON, MARK 2233 CLIPPER WY NAPLES FL 34104	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 *Mark Morton* DATE **4/5/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, MARK B 2233 CLIPPER WAY NAPLES FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, DIANE R 2377 LONGBOAT DRIVE NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEANNIE HAUSTEIN 2329 LONGBOAT DR. NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDANIEL, KAREN 2216 CLIPPER WY NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWLEY, DAVID 2296 CLIPPER WY NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORNEMAN, BOB 2537 OUTRIGGER LN NAPLES, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATTERFIELD, WILLIAM 2249 CLIPPER WY NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISA MORTON 2233 CLIPPER WAY NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Borneman*
BOB BORNEMAN, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04-04-01** Daytime Phone #: **(941) 643-5841**

CR2E037 (10/00)