

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746633

FILED  
Jul 10, 2008  
Secretary of State

Entity Name: COCONUT RIVER ESTATES CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

2190 CLIPPER WAY  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

2190 CLIPPER WAY  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-2013579      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SICKLER, MARYELLEN  
2504 CLIPPER WAY  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

FRANCK, CARLOS  
2190CLIPPER WAY  
NAPLES, FL 34104 US

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: CARLOS FRANCK

07/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHEPARD, JOHN  
Address: 2463 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104

Title: PD ( ) Delete  
Name: MCDANIELS, ROBERT  
Address: 2216 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete  
Name: MCDANIEL, KAREN  
Address: 2216 CLIPPER WY  
City-St-Zip: NAPLES, FL

Title: TD (X) Delete  
Name: SICKLER, MARYELLEN  
Address: 2504 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FRANCK, CARLOS  
Address: 2344 CLIPPER WAY  
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change ( ) Addition  
Name: MCDANIEL, KAREN  
Address: 2216 CLIPPER WY  
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS FRANCK

TD

07/10/2008

Electronic Signature of Signing Officer or Director

Date