

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90135 034 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2013579**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTON, MARK  
2233 CLIPPER WY  
NAPLES FL 34104**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark Morton*

*04-07-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **MCDANIEL, ROBERT B**  
STREET ADDRESS **2216 CLIPPER WAY**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **BORNEMAN, BOB**  
STREET ADDRESS **2537 OUTRIGGER LANE**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **MCDANIEL, KAREN**  
STREET ADDRESS **2216 CLIPPER WY**  
CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **WILSON, DON**  
STREET ADDRESS **2745 CLIPPER WAY**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MORTON, LISA**  
STREET ADDRESS **2233 CLIPPER WAY**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **E.J. BOOT**  
STREET ADDRESS **2360 LONGBOAT DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34104**

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 MANITREASURER**

*04-07-03* **2397643-584**

CR2E037 (10/02)