

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762871

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** COON KEY PASS FISHING VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

611 PALM AVE.EAST  
P.O.BOX 786  
GOODLAND, FL 339339998

**New Principal Place of Business:**

611 PALM AVE.EAST  
611 E. PALM AVE.  
GOODLAND, FL 339339998

**Current Mailing Address:**

611 PALM AVE.EAST  
P.O.BOX 786  
GOODLAND, FL 339339998

**New Mailing Address:**

**FEI Number:** 59-2524676      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MORRIS, WILLIAM G  
247 N.COLLIER BLVD.  
SUITE 202  
MARCO ISLAND, FL 34145 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCURDY, DONALD  
Address: COBBLE HILL FARM  
City-St-Zip: NEW HARTFORD, CT 06057

Title: DT ( ) Delete  
Name: KEIRN, SUSAN  
Address: 611 E. PALM AVE PO BOX 755  
City-St-Zip: GOODLAND, FL

Title: D ( ) Delete  
Name: BEATTIE, DIANE  
Address: 611 E. PALM AVE PO BOX 747  
City-St-Zip: GOODLAND, FL

Title: DP ( ) Delete  
Name: SHIMER, STEVEN  
Address: 2007 MAIN ST. PO BOX 869  
City-St-Zip: BREWSTER, MA 02631

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

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

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

Title: D ( ) Change (X) Addition  
Name: GRIGSBY, WADE  
Address: 36 COUNCIL ROAD  
City-St-Zip: VENUS, FL 33960

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: SUSAN I. KEIRN

DT

02/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date