

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70535

(5)

1. Corporation Name

COCONUT GROVE OF OLDE NAPLES DEVELOPMENT, INC.



Principal Place of Business

324 FIFTH AVENUE SOUTH
NAPLES FL 33940

Mailing Address

324 FIFTH AVENUE SOUTH
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

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State Apt #, etc.

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State Apt #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/06/1989

3a. Date of Last Report

10/20/1995

4. FEI Number

65-0149336

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

KLOHN, WILLIAM L.
324 FIFTH AVENUE SOUTH
NAPLES FL 33940

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0002 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person providing information for report (other than agent)

Signature of Registered Agent (signature required with change of agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in a call-out with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. KLOHN

1/17/96

941-262-5533

CR2E034 (12/95)