

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

DOCUMENT # N00000001098

1. Entity Name
COCONUT SHORES CONDOMINIUM ASSOCIATION,
INC.
EAST



Principal Place of Business
P&M PROPERTY MANAGEMENT
15660 SAN CARLOS BLVD #40
FORT MYERS, FL 33908

Mailing Address
P&M PROPERTY MANAGEMENT
15660 SAN CARLOS BLVD #40
FORT MYERS, FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3669456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPP, PAUL L
P&M PROPERTY MANAGEMENT
15660 SAN CARLOS BLVD. #40
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE VPD
NAME MARTIN, HARVEY ☐ Delete
STREET ADDRESS 15660 SAN CARLOS BLVD #20
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE PD
NAME PIESTER, RICAHRD ☐ Delete
STREET ADDRESS 15660 SAN CARLOS BLVD #40
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE DST
NAME BONDI, PHILLIP ☒ Delete
STREET ADDRESS 15660 SAN CARLOS BLVD #40
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE D
NAME ANUSBIGIAN, MANOUG ☒ Delete
STREET ADDRESS 15660 SAN CARLOS BLVD #40
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE D
NAME NELSON, LINDA ☒ Delete
STREET ADDRESS 15660 SAN CARLOS BLVD #40
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/T
NAME Merrill Colegrove ☐ Change ☒ Addition
STREET ADDRESS 15660 San Carlos Blvd #40
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE D
NAME Pat Rubertone ☐ Change ☒ Addition
STREET ADDRESS 15660 San Carlos Blvd. #40
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE ASM
NAME Glynnis Lowman ☐ Change ☒ Addition
STREET ADDRESS 15660 San Carlos Blvd. #40
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glynnis Lowman

4/26/06

4/26/06

239 481-1522