

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001098

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** COCONUT SHORES EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P&M PROPERTY MANAGEMENT  
14360 S TAMiami TRAIL UNIT B  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

P&M PROPERTY MANAGEMENT  
14360 S TAMiami TRAIL UNIT B  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 59-3669456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAPP, PAUL L  
P&M PROPERTY MANAGEMENT  
14360 S TAMiami TRIAL UNIT B  
FORT MYERS, FL 33912 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: MCENTEE, MARY LOU  
Address: 3320 S COCONUT ISLAND DR 101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: PIESTER, RICARD  
Address: 15660 SAN CARLOS BLVD #40  
City-St-Zip: FORT MYERS, FL 33908

Title: DT ( ) Delete  
Name: HURST, DAVE  
Address: 3310 S COCONUT ISLAND DR 102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete  
Name: COLEGROVE, MERRILL  
Address: 3320 S COCONUT ISLAND DR 102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: BONUITO, FRANK  
Address: 3330 S COCONUT ISLAND DR 102  
City-St-Zip: BONITA SPRINGS, FL 34134

**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: ( ) 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: PAUL SAPP

CFPM

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date