

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90151 016 \*\*\*61.25

**DOCUMENT # N00000001098**

1. Entity Name

**COCONUT SHORES IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**8001 VINTAGE PKWY.  
FT. MYERS FL 33912**

Mailing Address

**8001 VINTAGE PKWY.  
FT. MYERS FL 33912**

2. Principal Place of Business

**27800 Old 41**

Suite, Apt. #, etc.

3. Mailing Address

**27800 Old 41**

Suite, Apt. #, etc.

City & State

**Bonita Springs Florida**

Zip  
**34135**

Country

**USA**

City & State

**Bonita Springs Florida**

Zip

**34135**

Country

**USA**

4. FEI Number

**59-3669456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SWALM, MURRELL & SAMOUCHE, P.A.  
2375 TAMiami TR. N., STE. 308  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

**WBG**

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

**Robert Bachman**

**27800 Old 41**

City

**Bonita Springs**

FL

Zip Code

**34135**

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

**4/21/03**

**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

TITLE **D** ☒ Delete  
NAME **HOOLIHAN, THOMAS**  
STREET ADDRESS **8001 VINTAGE PKWY.**  
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Delete  
NAME **KOENIG, LORI**  
STREET ADDRESS **8001 VINTAGE PKWY.**  
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Delete  
NAME **CRAWFORD, CINDY**  
STREET ADDRESS **8001 VINTAGE PKWY**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP D** ☒ Change ☒ Addition  
NAME **Sandra Howells**  
STREET ADDRESS **23300 Coconut Island Dr. #101**  
CITY-ST-ZIP **Bonita Springs, FL 34134** **VP D**

TITLE **P D** ☒ Change ☒ Addition  
NAME **Richard Piester**  
STREET ADDRESS **23310 Coconut Island Dr. #102**  
CITY-ST-ZIP **Bonita Springs, FL 34134** **P D**

TITLE **D ST** ☒ Change ☒ Addition  
NAME **Ed Tuite**  
STREET ADDRESS **3300 S. Coconut Island Dr. #202**  
CITY-ST-ZIP **Bonita Springs FL 34135** **STD**

TITLE ☐ Change ☒ Addition  
NAME **Terry Nelson**  
STREET ADDRESS **23310 Coconut Island Dr. #202**  
CITY-ST-ZIP **Bonita Springs, FL 34134** **D**

TITLE ☐ Change ☒ Addition  
NAME **Bob Schipe**  
STREET ADDRESS **23320 Coconut Island Dr. #201**  
CITY-ST-ZIP **Bonita Springs FL 34134** **D**

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

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:

**Sandra Howells**

**4-15-2003 239-390-0351**

CR2E037 (10/02)