


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 009 ****61.25

DOCUMENT # N01000003279					
1. Entity Name COCONUT SHORES III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O P & M PROPERTY MGMT. 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908 US			Mailing Address C/O P & M PROPERTY MGMT. 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03082004 Chg-NP CR2E037 (10/03)	
4. FEI Number 01-0606857				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAPP, PAUL L C/O P & M PROPERTY MGMT. 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MCENTEE, MARILOU	<input type="checkbox"/> Delete	TITLE PD	NAME McEntee, Mary Lou	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3320 S. COCONUT ISLAND DR. #101,	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 15660 San Carlos Blvd. #40	CITY-ST-ZIP FT. MYERS, FL 33908	
TITLE DVP	NAME FENTON, MARILYN	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME Colegrove, Merrill	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3310 S. COCONUT ISLAND DR., #202	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 15660 San Carlos Blvd. #40	CITY-ST-ZIP FT. MYERS, FL 33908	
TITLE DST	NAME ELLARD, ANN	<input type="checkbox"/> Delete	TITLE S/ITD	NAME Ellard, Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3311 S. COCONUT ISLAND DR., #211	CITY-ST-ZIP BONITA SPRINGS, FL 34134		STREET ADDRESS 15660 San Carlos Blvd. #40	CITY-ST-ZIP FT. MYERS, FL 33908	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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 the empowered.					
SIGNATURE: <i>Mary Lou McEntee - President</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					