


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 010 ****61.25

DOCUMENT # N02000001937 1. Entity Name COCONUT SHORES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O P&M PROPERTY MGMT. 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908			Mailing Address C/O P&M PROPERTY MGMT. 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	4. FEI Number 11-3654560	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 FORT 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 reissuing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANKEWICZ, STEPHEN		NAME	Bird, Henry	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, MICHELLE		NAME	Allen, Michelle	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERFORD, DOTTIE		NAME	Robertone, Patricia	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowerments.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/14/05 <small>Daytime Phone #</small>		