

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90078 029 ****61.25

DOCUMENT # N03000002579

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



P & M Property Management
15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908

P & M Property Management
15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3781499

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name Paul Sapp
Street
P & M Property Management
City 15660 San Carlos Blvd. # 40
Fort Myers, Florida 33908
ip Code

8. The above named entity submits this statement for the purpose of changing its registered office
the obligations of registered agent.

SIGNATURE Paul Sapp

(NOTE: Registered Agent signature required when re-registering)

DATE

3-2-05

Filing Fee is \$61.25
Due by May 1, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	HOOLIHAN, THOMAS	
STREET ADDRESS	8001 VINTAGE PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARINELLO, MARK	
STREET ADDRESS	8001 VINTAGE PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, JEAN	
STREET ADDRESS	8001 VINTAGE PKWY	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTUNA, GRACE	
STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Radigan, Edward	
STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woosnam, Thomas	
STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Grace Fortuna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 239-498-1836
Date Daytime Phone #