


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90005 045 ****61.25

DOCUMENT # N03000002782

1. Entity Name
COCONUT PLANTATION CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**450 CARILLON PARKWAY SUITE 210
 ST. PETERSBURG, FL 33716**

Mailing Address
**450 CARILLON PARKWAY SUITE 210
 ST. PETERSBURG, FL 33716**

44049506



2. Principal Place of Business
11800 Coconut Plantation Dr

3. Mailing Address
 Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State
Bonita Springs, FL

City & State
 Suite, Apt. #, etc.

Zip
34134

Country
USA

4. FEI Number
51-0466530

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

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	<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	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DST Lisa Bailey-Trosset
STREET ADDRESS	450 Carillon Pkwy Ste 210
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Linda Engvall
STREET ADDRESS	450 Carillon Pkwy Ste 210
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Carolyn Hray
STREET ADDRESS	450 Carillon Pkwy Ste 210
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Tracy Gainer
STREET ADDRESS	200 W. Madison
CITY-ST-ZIP	Chicago, IL 60606
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: Lisa Bailey Trosset **LISA BAILEY TROSSET** 7/13/04 727 803 9497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #