


**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	<b>DST Lisa Bailey-Trosset</b>
STREET ADDRESS	<b>450 Carillon Pkwy Ste 210</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33716</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Linda Engvall</b>
STREET ADDRESS	<b>450 Carillon Pkwy Ste 210</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33716</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Carolyn Hray</b>
STREET ADDRESS	<b>450 Carillon Pkwy Ste 210</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33716</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Tracy Gainer</b>
STREET ADDRESS	<b>200 W. Madison</b>
CITY-ST-ZIP	<b>Chicago, IL 60606</b>
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 #