


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002782																																																		
<small>1. Entity Name</small> COCONUT PLANTATION CONDOMINIUM ASSOCIATION, INC.																																																		
<small>Principal Place of Business</small> 11800 COCONUT PLANTATION DRIVE BONITA SPRINGS, FL 34134	<small>Mailing Address</small> 450 CARILLON PARKWAY SUITE 210 ST. PETERSBURG, FL 33716																																																	
DO NOT WRITE IN THIS SPACE																																																		
<small>6. Name and Address of Current Registered Agent</small> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		<div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>																																																
<small>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.</small>																																																		
<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div><small>NOTE: Registered Agent signature required when reinstating</small></div><div><small>DATE</small></div></div>																																																		
Filing Fee is \$61.25 Due by May 1, 2006		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees																																																
<div style="display: flex;"><div style="width: 50%; border-right: 1px solid black; padding-right: 5px;"><div style="text-align: center; font-weight: bold; font-size: 10px;">10. OFFICERS AND DIRECTORS</div><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; font-size: 8px;">TITLE</td><td style="font-size: 8px;">DST</td></tr><tr><td style="font-size: 8px;">NAME</td><td style="font-size: 8px;">BAILEY-TROSSET, LISA</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">450 CARILLON PARKWAY, SUITE 210</td></tr><tr><td style="font-size: 8px;">CITY-ST- ZIP</td><td style="font-size: 8px;">SAINT PETERSBURG, FL 33716</td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">D</td></tr><tr><td style="font-size: 8px;">NAME</td><td style="font-size: 8px;">ENGVALL, LINDA</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">450 CARILLON PARKWAY, SUITE 210</td></tr><tr><td style="font-size: 8px;">CITY-ST- ZIP</td><td style="font-size: 8px;">SAINT PETERSBURG, FL 33716</td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">D</td></tr><tr><td style="font-size: 8px;">NAME</td><td style="font-size: 8px;">HRAV, CAROLYN</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">450 CARILLON PARKWAY, SUITE 210</td></tr><tr><td style="font-size: 8px;">CITY-ST- ZIP</td><td style="font-size: 8px;">SAINT PETERSBURG, FL 33716</td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">DP</td></tr><tr><td style="font-size: 8px;">NAME</td><td style="font-size: 8px;">GAINER, TRACY</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">200 W. MADISON</td></tr><tr><td style="font-size: 8px;">CITY-ST- ZIP</td><td style="font-size: 8px;">CHICAGO, IL 60606</td></tr><tr><td style="font-size: 8px;">TITLE</td><td style="font-size: 8px;">DV</td></tr><tr><td style="font-size: 8px;">NAME</td><td style="font-size: 8px;">O'DONNELL, JIM</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td style="font-size: 8px;">24301 WALDEN CENTER DRIVE STE 300</td></tr><tr><td style="font-size: 8px;">CITY-ST- ZIP</td><td style="font-size: 8px;">BONITA SPRINGS, FL 34134</td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST- ZIP</td><td></td></tr></table></div><div style="width: 50%; padding-left: 5px; text-align: center; vertical-align: middle;"><div style="font-size: 12px;">000000389876</div><div style="font-size: 12px;">01/23/06-80006-024 61.25</div><div style="font-size: 24px; font-weight: bold; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div></div></div>			TITLE	DST	NAME	BAILEY-TROSSET, LISA	STREET ADDRESS	450 CARILLON PARKWAY, SUITE 210	CITY-ST- ZIP	SAINT PETERSBURG, FL 33716	TITLE	D	NAME	ENGVALL, LINDA	STREET ADDRESS	450 CARILLON PARKWAY, SUITE 210	CITY-ST- ZIP	SAINT PETERSBURG, FL 33716	TITLE	D	NAME	HRAV, CAROLYN	STREET ADDRESS	450 CARILLON PARKWAY, SUITE 210	CITY-ST- ZIP	SAINT PETERSBURG, FL 33716	TITLE	DP	NAME	GAINER, TRACY	STREET ADDRESS	200 W. MADISON	CITY-ST- ZIP	CHICAGO, IL 60606	TITLE	DV	NAME	O'DONNELL, JIM	STREET ADDRESS	24301 WALDEN CENTER DRIVE STE 300	CITY-ST- ZIP	BONITA SPRINGS, FL 34134	TITLE		NAME		STREET ADDRESS		CITY-ST- ZIP	
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</small>																																																		
SIGNATURE: <i>Lisa Bailey-Trosset</i>		<div style="display: flex; justify-content: space-between;"><div><i>1/9/06</i></div><div><i>727 8039400</i></div></div> <div style="display: flex; justify-content: space-between; font-size: 8px;"><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>																																																