

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002782

FILED
Apr 30, 2009
Secretary of State

Entity Name: COCONUT PLANTATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11800 COCONUT PLANTATION DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

450 CARILLON PARKWAY SUITE 210
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 51-0466530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: TROSSET, LISA
Address: 450 CARILLON PARKWAY, SUITE 210
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: ENGVALL, LINDA
Address: 450 CARILLON PARKWAY, SUITE 210
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DP () Delete
Name: HRAY, CAROLYN
Address: 450 CARILLON PARKWAY, SUITE 210
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D () Delete
Name: BLAKEMAN, RHONDA
Address: 450 CARILLON PKWY #210
City-St-Zip: ST PETERSBURG, FL 33716

Title: DV () Delete
Name: HORTJAAS, ANDY
Address: 24301 WALDEN CENTER DRIVE STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: EAST, JEFF
Address: 24301 WALDEN CENTER DRIVE STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA TROSSET

DST

04/30/2009

Electronic Signature of Signing Officer or Director

Date