

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002868

FILED
Apr 29, 2004
Secretary of State

Entity Name: COCONUT SHORES VI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8001 VINTAGE PARKWAY
FORT MYERS, FL 33912

New Principal Place of Business:

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

Current Mailing Address:

8001 VINTAGE PARKWAY
FORT MYERS, FL 33912

New Mailing Address:

C/O R&P PROPERTY MANAGMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

FEI Number: 59-3781522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSOER, GEORGE L JR.
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

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: GLENN CARROLL

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOOLIHAN, THOMAS
Address: 8001 VINTAGE PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: MARINELLO, MARK
Address: 8001 VINTAGE PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: MCGRATH, JEAN
Address: 8001 VINTAGE PARKWAY
City-St-Zip: FORT MYERS, FL 33912

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS HOOLIHAN

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date