

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007085

1. Entity Name
COCKLESHELL VILLAGE PROPERTY OWNERS ASSOCIATION, INC.



FILED

05 NOV 18 AM 11:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 9712 GLEN HERON DRIVE
 BONITA SPRINGS, FL 34135

Mailing Address
 P.O. BOX 1167
 C/O BVM MGMT., INC.
 NAPLES, FL 34106



2. Principal Place of Business

3. Mailing Address
 P.O. Box 368246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08242005 Chg-NP CR2E037 (10/03)

City & State

City & State
 Bonita Springs FL

4. FEI Number
 56-2420701

Applied For
 Not Applicable

Zip

Country

Zip
 34135

Country
 Lee

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

6. Name and Address of Current Registered Agent

MORRIS, D. RANDALL
 1207 3RD ST. SOUTH
 STE. 5
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name Edward P. Starcher

Street Address (P.O. Box Number is Not Acceptable)
 9751 Glen Heron Dr

City Bonita Springs FL Zip Code 34135

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/05

Filing Fee is \$61.25
 Due by September 7, 2005

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | MORRIS, D. RANDALL | |
| STREET ADDRESS | 1207 3RD STREET SOUTH, SUITE 5 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Edward P. Starcher | |
| STREET ADDRESS | 9751 Glen Heron Dr | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |

| | | |
|----------------|-------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 100061687501 | |
| STREET ADDRESS | 11/28/05--01003--009 **236.25 | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kimberly Grant | |
| STREET ADDRESS | 9779 Glen Heron Dr | |
| CITY-ST-ZIP | Bonita Springs FL 34135 | |

| | | |
|----------------|--|---|
| 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 | | |

| | | |
|----------------|--|---|
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ed Starcher

8/23/05