2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N03000007085

FILED May 23, 2008 8:00 am Secretary of State

1. Entity Name COCKLESHELL VILLAGE PROPERTY OWNERS ASSOCIATION, INC.									03	-23-200	0 2001	16 012	01.	23
9751 GLEN HERON DRIVE P.O.			P.O. B0	olling Address O. BOX 368246 DNITA SPRINGS, FL 34135			٠,	•						
Principal Place of Business - No P.O. Box # 3. Ma				Mailing Address										
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				0519200	⁰⁸ CI	hg-NP	С	:R2E037	7 (12/06)	
City & State			City &	City & State				4. FEI Nu 56-2	mber 42070)1			_ 	plied For t Applicable
Zip				ip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						5 12.22		7. Name	and Add	ress of Ne	w Regis	stered A	gent	
STARCHER, EDWARD R 9751 GLEN HERON DR					Name Street Address (P.O. Box Number is Not Acceptable)									
BONITA S		_												
					City	_					FL	Zip Code		
	named entiti ions of regist	y submits this statement for lered agent.	the purpos	e of changing its re	egistere	ed office or	register	ed agent, or	r both, in	the State o	of Florida	ı. I am fa	ımiliar with,	and accept
SIGNATURE .												DATE		
	Signature, typed	or printed name of registered agent a	по ше гаррка	icie. (NOTE:	Registered	Agent signal	ure required	when reinstating	,,			DATE .		
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
	ue by Sep	tember 12, 2008		Trust Fund Co	ntributi	on.		Added to Fe						
10.		OFFICERS AND DIR	ECTORS		11.	on.		Added to Fe				AND DIRI	ECTORS IN	10
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12. I hereby certify that the information supplied with this filling 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 virustee 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

5-19-08

239-280-6462

Daytime Phone #