

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2009
Secretary of State**

DOCUMENT# N03000007085

Entity Name: COCKLESHELL VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9751 GLEN HERON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 368246
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 56-2420701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARCHER, EDWARD R
9751 GLEN HERON DR
BONITA SPRINGS, FL 34135 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: D/P () Delete
Name: STARCHER, EDWARD R
Address: 9751 GLEN HERON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SHAW, GARY
Address: 9768 GLEN HERON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: CEPKO, GARY
Address: 9731 GLEN HERON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SAM, JEAN
Address: 9752 GLEN HERAR DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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:

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: EDWARD STARCHER

DIR

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date