

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009341

FILED
Apr 28, 2008
Secretary of State

Entity Name: COCONUT GROVE DOCK ASSOCIATION, INC.

Current Principal Place of Business:

144 USEPPA ISLAND
CAPTIVA, FL 33924

New Principal Place of Business:

Current Mailing Address:

C/O JACK O. HACKETT, II
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-5116439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKETT, JACK O II
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: PD () Delete
Name: SALAS, JOSELITO C
Address: 4 N. 625 MAGNOLIA LANE
City-St-Zip: WAYNE, IL 60184

Title: VPD () Delete
Name: SHOOK, CHARLES
Address: 3333 W. RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: HUGHES, JAMES J
Address: 705 10TH STREET, S. UNIT 106
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SABELHAUSE, ROBERT
Address: 144 USEPPA ISLAND
City-St-Zip: CAPTIVA, FL 33924

Title: D () Delete
Name: LAWLER, MICHAEL D
Address: 4001 N. TAMiami TRAIL, SUITE 102
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: PAGE, STEPHEN C
Address: 1000 S.E. MONTERAY COMMONS BLVD., SUITE 306
City-St-Zip: STUART, FL 34996

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
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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: JOSELITO C. SALAS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date