2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010771 1. Entity Name



FILED

Apr 23, 2008 8:00 am Secretary of State

04-23-2008 90037 047 ****61.25

COCONUT SHORES WEST CONDOMINIUM ASSOCIAITON, INC.							
Principal Place of Business P&M PROPERTY MANAGEMENT 14360 SO. TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912		Mailing Address P&M PROPERTY MANAGEMENT 14360 SO. TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912		400		TUN ARISI WAN ACH (CAN I	1881 (131171 B) 183)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232008	Chg-NP	CR2E037 (12/	06)
City & State		City & State		4. FEI Numb 20-068			Applied For Not Applicable
Zip Country Z		Zip			of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	
CADD DA	F 41		Name				-
SAPP, PAUL P&M PROPERTY MANAGEMENT 14360 SO. TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912			Street Address		er is Not Acceptab	ole)	
	'N _a		City			FL Zip	Code
	r named entity submits this statement for tions of registered agent.*	r the purpose of changing its i	registered office or	registered agent, or bo	oth, in the State of F	lorida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signatur	re required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee Is \$61.25 Due by May 1, 2008		paign Financing	\$5.00 May to Added to Fees		DATE Make check paya orida Department	
10.	Filing Fee Is \$61.25	9. Election Cam Trust Fund Ca	paign Financing	\$5.00 May to Added to Fees ADDITIONS/CH	IANGES TO OFFIC	Make check paya orida Department ERS AND DIRECTOR	of State
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12. I hereby certify that the information supplied with this filing 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 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: