

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90045 006 ****61.25

DOCUMENT # N04000004024

1. Entity Name
COCONUT POINT-NORTH VILLAGE ASSOCIATION, INC.



Principal Place of Business
**24880 BURNT PINE DRIVE #8
BONITA SPRINGS, FL 34134**

Mailing Address
**24880 BURNT PINE DRIVE #8
BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092008

Chg-NP

CR2E037 (12/06)

4. FEI Number
55-0877179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDGAR, CHARLES W III
4400 PGA BLVD STE 200
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

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 PD ☐ Delete
NAME DEWHIRST, NED E
STREET ADDRESS 24880 BURNT PINE DRIVE, SUITE 8
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VS ☐ Delete
NAME WELRY, ROBERT A
STREET ADDRESS 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP SAINT CHARLES, IL 60174

TITLE AS/D ☐ Delete
NAME PIERSON, VICKI
STREET ADDRESS 24880 BURNT PINE DRIVE, SUITE 8
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VD ☐ Delete
NAME CANTWELL, KEITH
STREET ADDRESS 24880 BURNT PINE DRIVE, STE 8
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☒ Change ☐ Addition
NAME WELTY, RODNEY A
STREET ADDRESS 1600 E. MAIN STREET, SUITE B
CITY-ST-ZIP ST. CHARLES, IL 60174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Rodney A. Welty, VP/Corp Secretary 4-14-08 6305846580*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #