2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N04000004024

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

Current Principal Place of Business:

24880 BURNT PINE DRIVE #8
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24880 BURNT PINE DRIVE #8
BONITA SPRINGS, FL 34134

New Mailing Address:

PO BOX 110156
NAPLES, FL 34108

FEI Number: 55-0877179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDGAR, CHARLES W III
4400 PGA BLVD STE 200
PALM BEACH GARDENS, FL 33410 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: DEWHIRST, NED E
Address: 24880 BURNT PINE DRIVE, SUITE 8
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VS ( ) Delete
Name: WELTY, RODNEY A
Address: 1600 E MAIN STREET SUITE B
City-St-Zip: SAINT CHARLES, IL 60174

Title: AS/D ( ) Delete
Name: PIERSON, VICKI
Address: 24880 BURNT PINE DRIVE, SUITE 8
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete
Name: CANTWELL, KEITH
Address: 24880 BURNT PINE DRIVE, STE 8
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: M ( ) Change (X) Addition
Name: WHITE, WILLIAM D
Address: PO BOX 110156
City-St-Zip: NAPLES, FL 34108

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: WILLIAM D. WHITE M 04/16/2009

Electronic Signature of Signing Officer or Director — Date