2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005511

FILED Mar 26, 2009 Secretary of State

Entity Name: COCO BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: TROPICAL ISLES MAGMT. 12734 KENWOOD LANE #52 FT. MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** TROPICAL ISLES MAGMT 12734 KENWOOD LANE #52 FT. MYERS, FL 33907 FEI Number: 20-1357320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUDLAND, MARK 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RIVAIT, WIL Name: Name: 16350 COCO HAMMOCK WAY Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: Title: Title: (X) Change () Addition () Delete CHRISTLIELO, RICHARD Name: CHRISTLIELB, RICHARD Name: Address: 197 EAGLE SHORE ROAD Address: 11039 SEA TROPIC LN. City-St-Zip: MOULTON BOROUGH, NH 03254 City-St-Zip: FORT MYERS, FL 33908 Title: Title: (X) Change () Addition () Delete SHELLY, PHIL SHELLY, PHIL Name: Name: 16277 COCO HAMMOCK WAY, #201 16277 COCO HAMMOCK WAY, #201 Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908 Title: VΡ () Delete Title: (X) Change () Addition Name: MERRICK, HARRY Name: CANNING, JOSEPH POST OFFICE BOX 28 Address: Address: 11092 SEA TROPIC LN. City-St-Zip: UPPERCO, MD 21155 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: (X) Change () Addition CANNING, JOSEPH BRENNAN, DENNIS Name: Name: 11092 SEA TROPIC LANE 11087 SEA TROPIC LANE Address: Address: City-St-Zip: FT. MYERS, FL 33908 City-St-Zip: FT. MYERS, FL 33908

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: WIL RIVAIT P 03/26/2009