

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90100 036 ****61.25

DOCUMENT # N04000009091



1. Entity Name
**BAY HAVEN AT COCO BAY CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business
**5801 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108**

Mailing Address
**5801 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
20-1650889

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUEMLER, TIMOTHY J
5801 PELICAN BAY BLVD., STE. 600
NAPLES, FL 34108**

Name **Myers, Brett Holtz + Co**

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

12671 Whitehall Dr.

City

Fort Myers

FL

Zip Code

33907

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

Lori Wilson

Lori Wilson

1/18/2006

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, 2006**

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 **SHIP, ESTELLE**
STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **VD** ☒ Delete
NAME **GOODNIGHT, JOHN**
STREET ADDRESS **5801 PELICAN BAY BLVD., STE. 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **STD** ☒ Delete
NAME **UNGINN, DIANA**
STREET ADDRESS **5801 PELICAN BAY BLVD., STE. 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Pres.** ☐ Change ☐ Addition
NAME **Phil Shelly**
STREET ADDRESS **16277 Coco Hammock Way #201**
CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **VP** ☐ Change ☐ Addition
NAME **Larry Lokuta**
STREET ADDRESS **3400 Country Ct.**
CITY-ST-ZIP **Trenton, MI 48183**

TITLE **Treas.** ☐ Change ☐ Addition
NAME **Harry Scovin**
STREET ADDRESS **16237 Coco Hammock Way #102**
CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE **Dir** ☐ Change ☐ Addition
NAME **Jim Maderitz**
STREET ADDRESS **5711 Herbert Ave.**
CITY-ST-ZIP **Canfield, OH 44407**

TITLE **Dir** ☐ Change ☐ Addition
NAME **Dick Roehl**
STREET ADDRESS **4125 Union Rd.**
CITY-ST-ZIP **St. Louis, MO 63129**

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:

Phil Shelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #