

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007223

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** COCONUT POINT - SOUTH VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

24880 BURNT PINE DR - # 8  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 110156  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-3435286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDGAR, CHARLES W III  
8409 N MILITARY TRAIL  
STE 123  
PALM 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  
Name: DEWHIRST, NED  
Address: 24880 BURNT PINE DR - # 8  
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: VS  
Name: WELTY, RODNEY A  
Address: 1600 EAST MAIN ST SUITE B  
City-St-Zip: SAINT CHARLES, IL 60174

Title: ASD  
Name: PIERSON, VICKI  
Address: 24880 BURNT PINE DR SUITE 8  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: M  
Name: WHITE, WILLIAM D  
Address: PO BOX 110156  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM D. WHITE

M

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date