

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000693

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE OFFICES AT COCONUT POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4125 CLEVELAND AVENUE
SUITE 154
FORT MYERS, FL 33901

New Principal Place of Business:

23106 FASHION DRIVE
SUITE 107
ESTERO, FL 33928

Current Mailing Address:

4125 CLEVELAND AVENUE
SUITE 154
FORT MYERS, FL 33901

New Mailing Address:

23106 FASHION DRIVE
SUITE 107
ESTERO, FL 33928

FEI Number: 87-0786221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: ANDERSON, DAVID
Address: 4125 CLEVELAND AVENUE #154
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: BURNS, HELEN
Address: 200 TOWNE CENTER CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: TD () Delete
Name: GANZ, DIANE
Address: 4125 CLEVELAND AVENUE #154
City-St-Zip: FORT MYERS, FL 33901

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GROFIK, JAMIE C CSM
Address: 23106 FASHION DRIVE, SUITE 107
City-St-Zip: ESTERO, FL 33928

Title: SD (X) Change () Addition
Name: GILMORE, LYDIA
Address: 8001 S ORANGE BLOSSOM TRAIL, ROOM 420
City-St-Zip: ORLANDO, FL 32809

Title: TD (X) Change () Addition
Name: GANZ, DIANE
Address: 23106 FASHION DRIVE, SUITE 107
City-St-Zip: ESTERO, FL 33928

Title: BD () Change (X) Addition
Name: LARSON, BEV
Address: 16970-C SAN CARLOS BLVD. PMB#288
City-St-Zip: FORT 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: JAMIE C. GROFIK, CSM

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date