2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N06000000693

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

Current Principal Place of Business:

23106 FASHION DRIVE
SUITE 107
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

23106 FASHION DRIVE
SUITE 107
ESTERO, FL 33928

New Mailing Address:

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: GROFIK, JAMIE C CSM
Address: 23106 FASHION DRIVE, SUITE 107
City-St-Zip: ESTERO, FL 33928

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

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

Title: BD ( ) Delete
Name: LARSON, BEV
Address: 16970-C SAN CARLOS BLVD. PMB#288
City-St-Zip: FORT MYERS, FL 33908

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:

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 PD 04/02/2009

Electronic Signature of Signing Officer or Director Date