

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90069 036 ****61.25

40013303



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-4448477** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N06000002601

1. Entity Name
**COCONUT VILLAS OF REDINGTON SHORES
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**17505 GULF BOULEVARD
REDINGTON SHORES, FL 33708**

Mailing Address
**17505 GULF BOULEVARD
REDINGTON SHORES, FL 33708**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
46 CONDOS BY SIRATA
Suite, Apt. #, etc.
18131 GULF BLVD STE CC
City & State
REDINGTON SHORES, FL
Zip
33708
Country
PINELLAS

6. Name and Address of Current Registered Agent
**ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRESON, SAMUEL B 17505 GULF BOULEVARD REDINGTON SHORES, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IRESON, FLORENCE A 17505 GULF BOULEVARD REDINGTON SHORES, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL B. IRESON

12/7/2007

Date

727-319-8701

Daytime Phone #