

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2009
Secretary of State**

DOCUMENT# N06000009807

Entity Name: COCONUT POINT, AREA 2 MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

225 WEST WASHINGTON STREET
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

225 WEST WASHINGTON STREET
INDIANAPOLIS, IN 46204

New Mailing Address:

225 WEST WASHINGTON STREET
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46204

FEI Number: 76-0845575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: D () Delete
Name: ANDERSON, DAVID
Address: 4125 CLEVELAND AVENUE, SUITE 154
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: GANS, DIANE
Address: 4125 CLEVELAND AVENUE, SUITE 154
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: BURNS, HELEN
Address: SEMINOLE TOWN CENTER, 200 TOWNE CNTR. CIR.
City-St-Zip: SANFORD, FL 32771

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:

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: DAVID ANDERSON

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date