

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012828

FILED
Jul 12, 2007
Secretary of State

Entity Name: COCONUT POINT CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

23451 WALDEN CENTER DRIVE SUITE 100
BONITA SPRING, FL 34134

New Principal Place of Business:

Current Mailing Address:

23451 WALDEN CENTER DRIVE SUITE 100
BONITA SPRING, FL 34134

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III ESQ
23451 WALDEN CENTER DRIVE SUITE 100
BONITA SPRING, FL 34134 US

Name and Address of New Registered Agent:

RYAN, SCOTT E
23451 WALDEN CENTER DRIVE SUITE 100
BONITA SPRING, FL 34134 US

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: SCOTT E. RYAN

07/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYAN, SCOTT E DDS
Address: 23451 WALDEN CENTER DRIVE SUITE 100
City-St-Zip: BONITA SPRING, FL 34134

Title: D () Delete
Name: RYAN, JENNIFER
Address: 23451 WALDEN CENTER DRIVE SUITE 100
City-St-Zip: BONITA SPRING, FL 34134

Title: D () Delete
Name: LAUER, FREIDA
Address: 23451 WALDEN CENTER DRIVE SUITE 100
City-St-Zip: BONITA SPRING, FL 34134

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: SCOTT E. RYAN

DR.

07/12/2007

Electronic Signature of Signing Officer or Director

Date