

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009679

FILED
Apr 28, 2008
Secretary of State

Entity Name: COCONUT VILLAS OF DUNEDIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17717 WALL CIRCLE
REDINGTON SHORES, FL 33708

New Principal Place of Business:

Current Mailing Address:

17717 WALL CIRCLE
REDINGTON SHORES, FL 33708

New Mailing Address:

FEI Number: 26-1178755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771 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: IRESON, SAM
Address: 17717 WALL CIRCLE
City-St-Zip: REDINGTON SHORES, FL 33708

Title: VD () Delete
Name: PLETCHER, JOHN J
Address: 17717 WALL CIRCLE
City-St-Zip: REDINGTON SHORES, FL 33708

Title: STD () Delete
Name: SILIG, JASON
Address: 17717 WALL CIRCLE
City-St-Zip: REDINGTON SHORES, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IRESON, SAMUEL B
Address: 17717 WALL CIRCLE
City-St-Zip: REDINGTON SHORES, FL 33708

Title: VD (X) Change () Addition
Name: IRESON, FLORENCE A
Address: 17717 WALL CIRCLE
City-St-Zip: REDINGTON SHORES, FL 33708

Title: SD (X) Change () Addition
Name: IRESON, FLORENCE A
Address: 17717 WALL CIRCLE
City-St-Zip: REDINGTON SHORES, FL 33708

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: SAMUEL B. IRESON

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date