## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N35181

FILED Apr 24, 2006 Secretary of State

Entity Name: COCONUT GROVE OF OLDE NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 FEI Number: 65-0279923 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LUCAS, NICK LUCAS, NICKOLAS Name: Name: 234 4TH AVE S. #D202 Address: 234 4TH AVE S. #D202 Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: () Change () Addition VETOWICH, PETER Name: Name: Address: 210 4TH AVE SOUTH #C102 Address: City-St-Zip: NAPLES, IN 34102 City-St-Zip: Title: () Delete Title: () Change () Addition GOLANSKI, ELLEN Name: Name: 230 4TH AVE SOUTH #D-102 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition RUTHERFORD, SUZANNE Name: Name: 224 4TH AVE SOUTH, #C201 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: () Change () Addition ELLIS, GREG Name: Name: 421 2ND STREET SOUTH, #B-101 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN CARROLL PRES 04/24/2006