

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2008  
Secretary of State**

DOCUMENT# N35181

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

**Current Principal Place of Business:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 65-0279923      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 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: VETOWICH, PETER  
Address: 210 4TH AVE S. #C102  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: RUTHERFORD, SUZANNE  
Address: 224 4TH AVE SOUTH #C201  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: GOLANSKI, ELLEN  
Address: 230 4TH AVE SOUTH #D-102  
City-St-Zip: NAPLES, FL 34102

**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: PETER VETOWICH

PD

04/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date