2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004115

FILED Apr 25, 2006 Secretary of State

Entity Name: COCOBAY CONDOMINIUM, INC. **Current Principal Place of Business: New Principal Place of Business:** 7800 PELICAN BAY BLVD. NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** PO BOX 8990 NAPLES, FL 341018990 US FEI Number: 65-0477304 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: HART, STEPHEN P 4993 TAMIAMI TRL. EAST NAPLES, FL 34113 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 () Change () Addition KRAMER, DON Name: Name: 7841 COCOBAY CT Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KERR, ED Name: Address: 7918 COCOBAY DRIVE Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition SCHWINDT, ROBERT Name: LOGAN, RAY Name: 7803 COCOBAY CT. Address: Address: 7885 COCO BAY DR City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: PD () Delete Title: () Change () Addition Name: LEWIS, CHARLES Name: 7804 COCOBAY CT. Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, TOM W Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHARLES LEWIS PD 04/25/2006

7881 COCOBAY DRIVE

NAPLES, FL 34108

Address:

City-St-Zip: