

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004115

FILED
Apr 13, 2007
Secretary of State

Entity Name: COCOBAY CONDOMINIUM, INC.

Current Principal Place of Business:

7800 PELICAN BAY BLVD.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8990
NAPLES, FL 341018990 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

FEI Number: 65-0477304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4993 TAMiami TRL. EAST
NAPLES, FL 34113 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: DT () Delete
Name: KRAMER, DON
Address: 7841 COCOBAY CT
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: KERR, ED
Address: 7918 COCOBAY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: LOGAN, RAY
Address: 7885 COCO BAY DR
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: LEWIS, CHARLES
Address: 7804 COCOBAY CT.
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: JOHNSON, TOM W
Address: 7881 COCOBAY DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KRAMER, DON
Address: 7841 COCOBAY CT
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ARTHUR, HELGA
Address: PO BOX 719
City-St-Zip: OSTERVILLE, MA 02655

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 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: CHARLES LEWIS

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date