-- 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # N9700006651 1. Entity Name COCONUT ISLE NEIGHBORHOOD ASSOCIATION, INC.							08 90248 (042 ****61	
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Principal Place of Business %GULF BREEZE MGMT. SVCS. OF SW FL, LLC 8910 TERRENE CT., SUITE 200 BONITA SPRINGS, FL 34145, US Mailing Address %GULF BREEZE MGMT. SVCS. 8910 TERRENE CT., SUITE 200 BONITA SPRINGS, FL 34145			E 200	LLC				, 	Biidi 81 18 8 1
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01022008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number 59-34888	823			oplied For ot Applicable
Zip	· Country	Zip	Country	_	5. Certificate of	Status Desi	red 🔲	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of N	ew Registere	d Agent	~~~
WEIDER, RALPH L			Name				-		
8910 TER	REEZE MGMT. SVCS, OF SW RENE COURT, SUITE 200	FL, LLC	Street A	Street Address (P.O. Box Number is Not Acceptable)					
BONITA SPRINGS, FL 34135			City						
The above named entity submits this statement for the purpose of changing its registere			City				F	- 1	
the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its reg	gistered office of	r registeri	ed agent, or both,	in the State	of Florida. I ar	m tamiliar with,	, and accept
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signat	ure required	when reinstating)		DATE		
SIGNATORE	Filing Fee is \$61.25	9. Election Campa	aign Financing		\$5.00 May Be		Make che	ck payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	aign Financing tribution.		\$5.00 May Be Added to Fees	NGES TO OF	Make che Florida Dep	ck payable t artment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII	9. Election Campa Trust Fund Con	aign Financing stribution.	□ V/D	\$5.00 May Be Added to Fees		Make che Florida Dep	ck payable t artment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.