

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004657

FILED
Apr 07, 2004
Secretary of State

Entity Name: VILLAS AT COCONUT SHORES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O R+P PROP MGMT
265 AIRPORT RD. S.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R+P PROP MGMT
265 AIRPORT RD. S.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3669455

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: D () Delete
Name: HOOLIHAN, TOM
Address: 3250 COCONUT RD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: KOEING, LORI
Address: 3250 COCONUT RD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: CRAWFORD, CINDY
Address: 3001 VINTAGE PKWY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEIGARD, WAYNE
Address: 23165 COCONUT SHORES DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP (X) Change () Addition
Name: GLOWAZ, RAYMOND
Address: 23214 COCONUT SHORES DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST (X) Change () Addition
Name: BOUCHNER, WALTER
Address: 23120 COCONUT SHORES DR
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAYNE WEIGARD

P

04/07/2004

Electronic Signature of Signing Officer or Director

Date