2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N99000004657

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POWERS, RICHARD
Address: 23201 COCONUT SHORES DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

Title: D ( ) Change (X) Addition
Name: HOWELL, ALLEN
Address: 23144 COCONUT SHORES DRIVE
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: GLENN CARROLL PRES 04/06/2005

Electronic Signature of Signing Officer or Director — Date