2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90330 021 ****61.25

DOCUMENT # N99000004657

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

Principal Place of Business	Mailing Address
3250 COCONUT RD. BONITA SPRINGS, FL 34134	3250 COCONUT RD. BONITA SPRINGS, FL 34134

[redacted]

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
C/O R+P Prop. Mgmt	C/O R+P Prop. Mgmt
Suite, Apt. #, etc. 265 Airport Rd. S.	Suite, Apt. #, etc. 265 Airport Rd. S.
City & State Naples	City & State Naples, FL
Zip FL 34104	Zip 34104
County	Country USA

4. FEI Number 59-3669455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWALM, MURRELL & SAMOUCE, P.A.
2375 TAMIAMI TRAIL NORTH SUITE 308
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name R+P Property Management

Street Address (P.O. Box Number is Not Acceptable) 265 Airport Rd. S.

City Naples FL Zip Code 34104

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7/3/03
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOLIHAN, TOM 3250 COCONUT RD BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOEING, LORI 3260 COCONUT RD. BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, CINDY 3001 VINTAGE PKWY FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: [signature] 7/03/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)