FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000015202 (4)

Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE.

COCONUT PALMS TRAILER VILLAGE, INC.

1259 N TAMIAMI TRAIL 1259 N TAMIAMI TRAIL N FT MYERS FL 33903 NORTH FORT MYERS FL 33903 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1992 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 22-3212824 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UTHER, PAUL 1259 N TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) N FT MYERS FL 33903 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered against and title if appricable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE PENNETTA, THOMAS M NAME 1.2 NAME **428 HOBOKEN AVE** STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP JERSEY CITY NJ 07306 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE PENNETTA, KATHLEEN A 2.2 NAME **428 HOBOKEN AVE** STREET ADDRESS 2.3 STREET ADDRESS JERSEY CITY NJ 07306 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in

Thomas M Pannella

3/18/98