FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:29

DOCUMENT # P94000018504 (8)

1. Corporation Name
COCOANUT BAY CORPORATION

Principal Place of Business	Mailing Address
~~2940 S. TAMIAMI TRAIL~~ ~~SARASOTA FL 34239~~	~~2940 S. TAMIAMI TRAIL~~ ~~SARASOTA FL 34239~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1994	3a. Date of Last Report
4. FEI Number: 65-0476193-	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1715 Stickney Point Rd	26 1715 Stickney Point Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sarasota Florida	28 City & State: Sarasota Florida
24 Zip: 34231 25 Country: USA	29 Zip: 34231 30 Country: USA

9. Name and Address of Current Registered Agent

JUDD, STEVEN H
2940 S. TAMIAMI TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~JUDD, STEVEN H~~	1.2 NAME	JEAN-JACQUES MOURGUES	
STREET ADDRESS	~~2940 S. TAMIAMI TRAIL~~	1.3 STREET ADDRESS	3602 TORRES PINES WAY	
CITY-ST-ZIP	~~SARASOTA FL 34239~~	1.4 CITY-ST-ZIP	SARASOTA FL. 34238	
TITLE		2.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME		2.2 NAME	VERONIQUE B. MOURGUES	
STREET ADDRESS		2.3 STREET ADDRESS	3602 TORRES PINES WAY	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA FL. 34238	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/07/1995 (813) 927-13.34
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0344350 CP