

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719977

Entity Name: COCOHATCHEE VILLAS, INC.**Current Principal Place of Business:**628 PALM VIEW DR
NAPLES, FL 34110**Current Mailing Address:**C/O WILLIAM J. MORRISON
NAPLES, FL 34110 US**FEI Number:** 59-1617591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRISON, WILLIA M JTREAS
628 PALM VIEW DR.
NAPLES, FL 34110 US*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**Officer/Director Detail :**

Title	D P
Name	WIELMS, GENE
Address	626 PALM VIEW DR.
City-State-Zip:	NAPLES FL 34110

Title	D T
Name	MORRISON, WILLIAM J
Address	628 PALM VIEW DR.
City-State-Zip:	NAPLES FL 34110

Title	D
Name	HEROW, ROGER
Address	680 PALM VIEW DR.
City-State-Zip:	NAPLES FL 34110

Title	D
Name	GIL, ELIDA
Address	624 PALM VIEW DRIVE
City-State-Zip:	NAPLES FL 34110

Title	SEC
Name	MORRISON, MARILYN J
Address	628 PALM VIEW DR.
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	MACBETH, JENNIFER S.
Address	654 PALM VIEW DR.
City-State-Zip:	NAPLES FL 34110

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J. MORRISON**TREASURER****01/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date