

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002782

**Entity Name:** COCONUT PLANTATION CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 27, 2018**  
**Secretary of State**  
**CC2073572748**

**Current Principal Place of Business:**

11800 COCONUT PLANTATION DRIVE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

140 FOUNTAIN PKWY SUITE 570  
ST. PETERSBURG, FL 33716

**FEI Number: 51-0466530**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            SEC  
Name            TROSSET, LISA  
Address        140 FOUNTAIN PARKWAY SUITE 570  
City-State-Zip: SAINT PETERSBURG FL 33716

Title            DIRECTOR  
Name            LOHR, RICK  
Address        435 MAIN STREET  
City-State-Zip: YOUNGSTOWN OH 14174

Title            DIRECTOR  
Name            PARMEGANI, JULIE  
Address        36 LAKE STREET  
City-State-Zip: SETAUKET NY 11733

Title            VP  
Name            CHERUNDOLO, BOB  
Address        16 KIPLING DR.  
City-State-Zip: MOOSCO PA 18507

Title            PRESIDENT  
Name            RUDD, RICK  
Address        68 WEST LAKE  
City-State-Zip: WELLS VT 05774

*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: LISA TROSSET**

**SECRETARY**

**03/27/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date