

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009807

**Entity Name:** COCONUT POINT, AREA 2 MASTER PROPERTY OWNERS ASSOCIATION, INC.

**FILED  
Apr 14, 2016  
Secretary of State  
CC5734358072**

**Current Principal Place of Business:**

225 WEST WASHINGTON STREET  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

225 WEST WASHINGTON STREET  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46204

**FEI Number: 76-0845575**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT AND DIRECTOR  
Name            GROFIK, JAMIE C.  
Address        23106 FASHION DRIVE  
                  SUITE 107  
City-State-Zip: ESTERO FL 33928

Title            DIRECTOR AND VICE PRESIDENT  
Name            CARROLL, SEAN  
Address        23106 FASHION DRIVE  
                  SUITE 107  
City-State-Zip: ESTERO FL 33928

Title            DIRECTOR AND SECRETARY  
Name            NEVILLE, RICHARD  
Address        23106 FASHION DRIVE  
                  SUITE 107  
City-State-Zip: ESTERO FL 33928

*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: RICHARD NEVILLE**

**SECRETARY**

**04/14/2016**

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

\_\_\_\_\_  
Date