

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012828

Entity Name: COCONUT POINT CENTER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O KMA COMPANY
PO BOX 111802
NAPLES, FL 34108**Current Mailing Address:**C/O KMA COMPANY
PO BOX 111802
NAPLES, FL 34108 US**FEI Number:** 26-2105355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOLOMON, HERB
C/O KMA COMPANY
PO BOX 111802
NAPLES, FL 34108 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:** HERB SOLOMON**03/29/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RYAN, SCOTT EDDS
Address 28100 BONITA GRANDE DR. SUITE 104
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR
Name GILBERT, RICH DR
Address 23451 WALDEN CENTER DR #100
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, DIRECTOR
Name FLAHERTY, PAT DR
Address 23451 WALDEN CENER DR #400
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER, DIRECTOR
Name JOHNSON, SCOTT DR
Address 23451 WALDEN CENTER DR #200
City-State-Zip: BONITA SPRINGS FL 34135

Title MANAGER / REGISTERED AGENT
Name SOLOMON, HERB
Address C/O KMA COMPANY
PO BOX 111802
City-State-Zip: NAPLES FL 34108

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: HERB SOLOMON**MANAGER****03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date