

2022 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:**CAITO, TONY MGR
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:** TONY CAITO

01/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title MANAGER / REGISTERED AGENT
Name CAITO, TONY
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: TONY CAITO**MANAGER**

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date