


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 036 ****70.00

DOCUMENT # 710934					
1. Entity Name COCONUT GROVE CARES, INC.					
Principal Place of Business 3870 WASHINGTON AVENUE PO BOX 331390 MIAMI, FL 33133			Mailing Address 3870 WASHINGTON AVENUE PO BOX 331390 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1263934	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEARSS, ROSEMARY F 5501 SW 63RD CT MIAMI, FL 33155				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODINA, ALEXANDRA			NAME	
STREET ADDRESS	11 ISLAND AVENUE #2009			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRECH, CHAPIN M			NAME	
STREET ADDRESS	634 SAN LORENZO			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELGMAN, LYNNE			NAME	GELGMAN
STREET ADDRESS	9401 SW 54 CT			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33156			CITY-ST-ZIP	
TITLE	FM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARSS, ROSEMARY			NAME	
STREET ADDRESS	5501 SW 63RD CT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, PATRICK			NAME	ANTONIO L. ARGIZ
STREET ADDRESS	1751 ESPANOLA DRIVE			STREET ADDRESS	1001 BRICKELL BAY DRIVE, 9TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, SUZANNE			NAME	
STREET ADDRESS	3745 MAIN HIGHWAY			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rosemary F. Bearss</u>		ROSEMARY F. BEARSS		1/9/07 305-446-6216	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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