

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762619

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** COMMUNITY OFFICERS ASSOCIATION OF SINGER ISLAND, INC.

**Current Principal Place of Business:**

3640 NORTH OCEAN DR  
#1130  
SINGER ISLAND, FL 33404 US

**New Principal Place of Business:**

3640 NORTH OCEAN DRIVE, #1130  
SINGER ISLAND, FL 33404 US

**Current Mailing Address:**

3640 NORTH OCEAN DR  
#1130  
SINGER ISLAND, FL 33404 US

**New Mailing Address:**

3640 NORTH OCEAN DRIVE, #1130  
SINGER ISLAND, FL 33404 US

**FEI Number:** 65-0044011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, DIANE  
3640 NORTH OCEAN DR, #1130  
APT 228  
SINGER ISLAND, FL 33404 US

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

SIMON, DIANE  
3640 NORTH OCEAN DR, #1130  
SINGER ISLAND, FL 33404 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:

03/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMON, DIANE  
Address: 3640 N. OCEAN DR, #1130  
City-St-Zip: SINGER ISLAND, FL 33404

Title: VD ( ) Delete  
Name: MC CONNELL, BERNARD  
Address: 2800 NORTH OCEAN DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404

Title: SD ( ) Delete  
Name: CROSS, DAVID  
Address: 1030 SUGAR SANDS BLVD, #368  
City-St-Zip: SINGER ISLAND, FL 33404

Title: TD ( ) Delete  
Name: DI MEO, DIANA GAIL  
Address: 1030 POWELL DR  
City-St-Zip: SINGER ISLAND, FL 33404

Title: D ( ) Delete  
Name: FABER, EDWARD  
Address: 5380 NORTH OCEAN DRIVE, #5C  
City-St-Zip: SINGER ISLAND, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MC CONNELL, BERNIE DR.  
Address: 2800 NORTH OCEAN DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARLSON, NELS  
Address: 140 INLET WAY  
City-St-Zip: PALM BEACH SHORES, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANA GAIL DIMEO

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date