

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-28-2002 90714 031 ****61.25

0022683

DOCUMENT # N01000001171

1. Entity Name

THE COCONUT OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

93225

Principal Place of Business 804 - 16TH STREET #6 MIAMI BEACH FL 33139	Mailing Address 804 - 16TH STREET #6 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1018 Meridian Ave Suite, Apt. #, etc.	3. Mailing Address 40 Paganella Pool Estate Suite, Apt. #, etc. 608 6th St - 2nd Fl
City & State Miami Beach, FL 33139	City & State Miami Beach, FL 33139

4. FEI Number C5-0913202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BROWN, GARY L
 C/O BEDZOW, KORN, BROWN, ET. AL
 20803 BISCAYNE BOULEVARD - #200
 AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name: **TIM WODA**
 Street Address (P.O. Box Number is Not Acceptable):
40 Paganella Pool Estate
608 6th St. - 2nd Fl.
 City: **Miami Beach** FL Zip Code: **33139**

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.

SIGNATURE: *[Signature]* **Tim Woda** DATE: **6/16/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: GREENWALD, ANDREA STREET ADDRESS: 1320 SOUTH DIXIE HIGHWAY #781 CITY-ST-ZIP: CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete		TITLE: PD NAME: Douglas Merlatt STREET ADDRESS: 1018 Meridian Ave CITY-ST-ZIP: Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STD NAME: GREENWALD, ALLEN STREET ADDRESS: 1320 SOUTH DIXIE HIGHWAY #781 CITY-ST-ZIP: CORAL GABLES FL 33146 <input type="checkbox"/> Delete		TITLE: SD NAME: Vincenzo Perrotte STREET ADDRESS: 310 W. 86th St. #601 CITY-ST-ZIP: New York, NY 10019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: GREENWALD, SCOTT STREET ADDRESS: 1320 SOUTH DIXIE HIGHWAY #781 CITY-ST-ZIP: CORAL GABLES FL 33146 <input type="checkbox"/> Delete		TITLE: TD NAME: Edward Deveraux STREET ADDRESS: 1018 Meridian Ave CITY-ST-ZIP: Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: AS NAME: Tim Woda STREET ADDRESS: 608 6th Street CITY-ST-ZIP: Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

CP2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **Tim Woda** DATE: **5/3/02** DAYTIME PHONE #: **305 678 1240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR