

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

0007780

07-25-2003 90096 038 ****61.25

DOCUMENT # N01000001171



1. Entity Name
**THE COCONUT OF SOUTH BEACH CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
1018 MORICAN AVE **C/O REGATTA REAL ESTATE**
MIAMI BEACH FL 33139 **628 6TH ST. 2ND FLR**
 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
1018 Meridian Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0943202** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VODA, TIM
C/O REGATTA REAL ESTATE
628 6TH ST. 2ND FLR.
MIAMI FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$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
NAME	MERILATT, DOUGLAS	
STREET ADDRESS	1018 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRETTA, VINCENZO	
STREET ADDRESS	310 W 6TH ST	
CITY-ST-ZIP	NEW-YORK NY 10019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEVEREUX, EDWARD	
STREET ADDRESS	1018 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VODA, TIM	
STREET ADDRESS	628 6TH ST.	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerments.

SIGNATURE: **SIGNATURE REQUIRED** 7/24/03 3056731980

CR2E037 (4/03)