
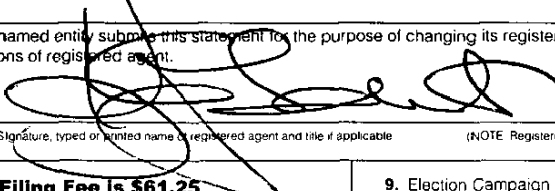
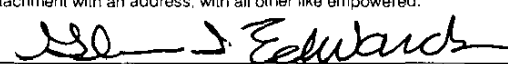


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90030 026 ****61.25

DOCUMENT # N04000001428			
1. Entity Name COCOA COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 6848 WEST PALM BEACH, FL 33405		Mailing Address P.O. BOX 6848 WEST PALM BEACH, FL 33405	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>204 W Cocoa Beach Cswy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Cocoa Beach FL</i>	
Zip	Country	Zip	Country
<i>32931</i>		<i>32931</i>	<i>U.S.A</i>
4. FEI Number 20-0774944		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, HILLARY G ESQ 4512 NORTH FLAGLER DRIVE SUITE 201A WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name: <i>Keldorff Inc, DBA Showcase Prop. Mgmt</i> Street Address (P.O. Box Number is Not Acceptable): <i>40 Karen Gunn-Burdot</i> <i>204 W Cocoa Beach Cswy</i> City: <i>Cocoa Beach</i> FL Zip Code: <i>32931</i>	
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 		DATE <i>4/4/07</i>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAY, MARK R P.O. BOX 6848 WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Glen Edwards 3815 N US Hwy 1, Ste 51 Cocoa FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAROSAS, MICHAEL R P.O. BOX 6848 WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kelly Ringham 3815 N US Hwy 1, Ste 17 Cocoa FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COVE, MICHAEL P.O. BOX 6848 WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kay Colton 3815 N US Hwy 1, Ste 2 Cocoa FL 32926 <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	Secretary Carol Brown 3815 N US Hwy 1, Ste 65 Cocoa FL 32926 <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	Director Sergio Benitez PO Box 203 Shropes, FL 32959 <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
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: 		Date: <i>4-4-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	