2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000001428



CÓCOA COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC. 40105775 Principal Place of Business Mailing Address P.O. BOX 6848 204 W COCOA BEACH WAY WEST PALM BEACH, FL 33405 COCOA BEACH, FL 32931 3. Mailing Address Principal Place of Business - No P.O. Box <u>815 N. U</u> Suite, Apt. #, etc. 04292008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-0774944 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNN-BARDOT, KAREN Street Address (P.O. Box Number is Not Acceptable) 204 W COCOA BEACH CSWAY COCOA BEACH, FL 32931 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. \Box Florida Department of State Due by May 1, 2008 Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition EDWARDS, GLEN NAME STREET ADDRESS 3815 N US HWY 1 STE 51 STREET ADDRESS COCOA, FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RINGHAM, KELLY NAME NAME STREET ADDRESS 3815 N US HWY 1 STE 17 STREET ADDRESS COCOA, FL 32926 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COLTON, KAY NAME NAME 3815 N US HWY 1 STE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZP COCOA, FL 32926 CITY-ST-ZIP Delete Change Addition TITLE TITLE Directo BROWN, CAROL NAME NAME 3815 N US HWY 1 STE 65 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32926 CLTY-ST-7IP Addition TITLE Delete TITLE Change NAME BENITEZ, SERGIO NAME STREET ADDRESS **PO BOX 203** STREET ADDRESS SHARPES, FL 32959 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

632-69

Daytime Phone #

FILED

May 28, 2008 8:00 am Secretary of State

05-28-2008 90016 026 ****61.25