


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-12-2007 90079 035 ****61.25

DOCUMENT # N05000005069

1. Entity Name
COCO CAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**760 - 770 S.E. 2ND AVENUE
 DEERFIELD BEACH, FL 33441**

Mailing Address
**75 NE 6TH AVENUE
 SUITE 103
 DELRAY BEACH, FL 33483**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
**1750 University Dr
 # 205**

Suite, Apt. #, etc.
205


City & State
Coral Springs

City & State
Coral Springs

Zip
FL

Country

40032790



01072007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2897962

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MELAND, RUSSIN, HELLINGER & BUDWICK, P.A.
 200 SOUTH BISCAYNE BLVD. SUITE 3000
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
~~James Francis O'Brien~~

Street Address (P.O. Box Number is Not Acceptable)
~~1750 University Dr~~

City
~~Coral Springs~~

City
Coral Springs **FL** Zip Code **33441**

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | DP WEINSTEIN, NORMAN S 75 NE 6TH AVENUE-SUITE 103 DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Norman Rubin 770 SE 2nd Ave. #A 205 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CASTER, RICHARD 398 NE 6TH AVENUE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P./Treasurer James Francis O'Brien 770 SE 2nd Ave. #E-108 Deerfield Beach, FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST CORMIER, MICHAEL 77 SE MIZNER BLVD. SUITE PH 29 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Thomas Louis Stenger 760 SE 2nd Ave. #113 Deerfield Beach, FL 33441 <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 |
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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: _____ **3/5/07**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #