
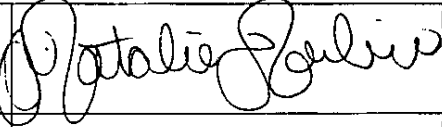
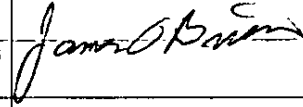

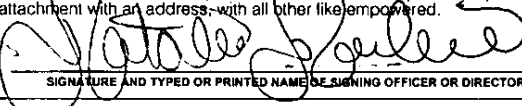


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90198 040 ****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 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-2897962 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 01072008 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MELAND, RUSSIN, HELLINGER & BUDWICK, P.A. 200 SOUTH BISCAYNE BLVD. SUITE 3000 MIAMI, FL 33131 | | | Name Chuck & Nicole Swift Street Address (P.O. Box Number is Not Acceptable) Swift Management Solutions 1750 University Drive #205 City Coral Springs FL Zip Code 33071 | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small> DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUBINO, NATALIE A | | NAME |  | |
| STREET ADDRESS | 770 SE 2ND AVE #A-206 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | | CITY-ST-ZIP | | |
| TITLE | VPTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | O'BRIEN, JAMES F | | NAME |  | |
| STREET ADDRESS | 770 SE 2ND AVE #E-108 | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STENGER, THOMAS L | | NAME | STENGER, THOMAS  | |
| STREET ADDRESS | 760 SE 2ND AVE V #113 | | STREET ADDRESS | 760 SE 2 AVE, D113 | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 like empowered. | | | | | |
| SIGNATURE:  | | Date: 2/28/08 | | Daytime Phone #: 954-341-6340 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |