## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

**DOCUMENT** #

N26983

(9)

## COCONUT GROVE PARK HOMEOWNERS ASSOCIATION INCORP

**ORATED** Principal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE 2665 S. BAYSHORE DRIVE 3. Date Incorporated or Qualified **STE 201 STE 201** 06/16/1988 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 4. FEI Number Applied For 65-0067358 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional Certificate of Status Desired 21 Fee Required 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Ves Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FITZSIMMONS, ROBERT V Street Address (P.O. Box Number is Not Acceptable) 82 2005 S. BAYSHORE DR 83 STE-201 200 **COCONUT GROVE FL 33133** 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with type accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE NAME FITZSIMMONS, ROBERT V 1.2 NAME 2665 S. BAYSHORE DR., #201 STREET ADDRESS 1.3 STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VD: NAME SHELLEY, CYNTHIA 2.2 NAME 2975 WASHINGTON ST. 2.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE TD NAME **NELSON, RON** 3.2 NAME STREET ADDRESS 2535 INAGUA AVENUE 3.3 STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME FERNANDEZ, TRISHA 4 2 NAME 2465 INAGUA AVE 4.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZiP

SIGNATURE:

NAME STREET ADORESS

CITY-ST-ZIP

C/1-

4/21/58

305-460 6549

**FILED** 

May 19 1998 8:00am

Secretary of State