2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N41299

1. Entity Name
TOWNHOMES OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
185 ESCAMBIA LANE COCOA BEACH, FL 32931	185 ESCAMBIA LANE COCOA BEACH, FL 32931

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03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3042576
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNHOUR, SUSAN
185 ESCAMBIA LANE
COCOA BEACH, FL 32931

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000885972
04/18/08-80036-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DINUCEI, JUDITH
STREET ADDRESS	185 ESCAMBIA LANE #204
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	VD
NAME	MARKS, JOHN
STREET ADDRESS	185 ESCAMBIA LANE #603
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	TD
NAME	TO, RONALD
STREET ADDRESS	165 ESCAMBIA LANE UNIT #506
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	D
NAME	CIXOWSKI, KAZIMIERZ
STREET ADDRESS	185 ESCAMBIA LANE #203
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	SD
NAME	DUNHOUR, SUSAN
STREET ADDRESS	185 ESCAMBIA LANE #801
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: SUSAN DUNHOUR Susan Dunhour 4/5/08 321-799-1675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #