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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42890 (6)

1. Corporation Name

COCO VILLAGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3104 SHIPPING AVE UNIT D  
COCONUT GROVE FL 33133  
US

3104 SHIPPING AVE UNIT D  
COCONUT GROVE FL 33133-4435  
US

3. Date Incorporated or Qualified  
04/08/1991

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0283479

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISENBURG, NEIL  
3102 SHIPPING AVE VILLA A  
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	EISENBURG, NEIL	
STREET ADDRESS	3102 SHIPPING AVE #A	
CITY - ST - ZIP	MIAMI FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	STOKLEY, KAREN E.	
STREET ADDRESS	3104 SHIPPING AVE #D	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			Zip 33133
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Karen S. Witter		
2.3 STREET ADDRESS			Zip 33133
2.4 CITY - ST - ZIP			
3.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Mike Sopha		
3.3 STREET ADDRESS	3104 Shipping Ave #C		
3.4 CITY - ST - ZIP	Miami, FL 33133		
4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Sheila Hill		
4.3 STREET ADDRESS	3102 Shipping Ave #B		
4.4 CITY - ST - ZIP	Miami, FL 33133		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: *M. S. Witter* *Karen S. Witter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 317-447-4171  
Date Daytime Phone # 0026901

CR2E037 (9/96)