


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90241 023 \*\*\*\*78.75

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N42890</b>		
1. Corporation Name <b>COCO VILLAGE TOWNHOMES ASSOCIATION, INC.</b>		
Principal Place of Business 3104 SHIPPING AVE UNIT D COCONUT GROVE FL 33133 US	Mailing Address 2805 LAZY COURT LAFAYETTE IN 47904 US	



21. Principal Place of Business 3104 Shipping Avenue	2a. Mailing Address 3104 Shipping Avenue	3. Date Incorporated or Qualified 04/08/1991
22. Suite, Apt. #, etc. Unit "C"	27. Suite, Apt. #, etc. Unit "C"	4. FEI Number 65-0283479
23. City & State Coconut Grove, FL	28. City & State Coconut Grove, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip 33133	29. Zip 33133	30. Country US
25. Country US	30. Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>EISENBERG, NEIL</b> 3102 SHIPPING AVE Unit "A" MIAMI FL 33133		10. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD EISENBERG <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, NEIL	1.2 NAME	
STREET ADDRESS	3102 SHIPPING AVE #A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL Coconut Grove, FL 33133	1.4 CITY-ST-ZIP	
TITLE	FD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTE, KAREN S.	2.2 NAME	ANADIE, RAHUL
STREET ADDRESS	2805 LAZY COURT	2.3 STREET ADDRESS	3104 Shipping Avenue, Unit "D"
CITY-ST-ZIP	LAFAYETTE IN 47904	2.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPKA, MIKE	3.2 NAME	SOPKA, MARILYN
STREET ADDRESS	3104 SHIPPING AVE #C	3.3 STREET ADDRESS	3104 Shipping Avenue, Unit "C"
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SHEILA	4.2 NAME	
STREET ADDRESS	3102 SHIPPING AVE #B	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL Coconut Grove, FL 33133	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Marilyn Sopka (Marilyn Sopka) 01/29/99 (305) 446-7977  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/198)