NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N42890**

1. Corporation Name

COCO VILLAGE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business 3104 SHIRPING AVE UNIT D COCONUT GROVE FL 33133

200 Principal Place of Business

Mailing Address 2805 LAZY COURT LAFAYETE IN 47904

2a. Mailing Address

## **FILED** Mar 01, 1999 8:00 am secretary of State

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



3. Date Incorporated or Qualifed

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20 County 20 Cou	City & State	it Grove FI	$\square$ $\square$	W.A. FL	5. Cer	tifcate of Status Desired		-		
S. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Added to Fees  14. Address of New Registered Agent  15. Name and Address of New Registered Agent  15. Street Address (P.O. Box Number is Not Acceptable)  16. Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of Sections 617.0502 and 617.0502 and 617.0503. Florids Statutes.  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  19. Street Address (P.O. Box Number is Not Acceptable)  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502 and 617.0503. Florids Statutes.  12. Street Address (P.O. Box Number is Not Acceptable)  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Note and Address of New Registered Agent  15. Note Address (P.O. Box Number is Not Acceptable)  16. Street Address (P.O. Box Number is Not Acceptable)  17. OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFIC		Country		Country	6. Elec	ction Campaign Financing		\$5.00 N	vlay Be	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	24 3313	ろっ 亙 じら	29 93/33 30	1 (J.S	Tru	st Fund Contribution	Ш	Added to	Fees	
ESEMBLIAG, NEIL  3102 SHIPPING AVE VELLEY UNIT (C.A.)  MIAMI FL. 33133  84 City  FL. 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named 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, the above-named 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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PROME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PROME  STREET ADDRESS  ACTIV-51.2P  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INVESTIGATION OF A DIRECTOR IN 12  INVESTIGATION OF A DIRECTOR IN 12  STREET ADDRESS  ACTIV-51.2P  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INVESTIGATION OF A DIRECTOR IN 12  ACTIV-51.2P  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INVESTIGATION OF A DIRECTOR IN 12					10. Nai	me and Address of New I	Registered A	gent		
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T1. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 817,0502 and 617,1508, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICIERS AND DIRECTORS  12. OFFICIERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  WITHER, NAME-18.  STREET ADDRESS  OTY-ST-2P  MIAMIFER  OFFICIERS AND DIRECTORS IN 12  12. TITLE  SIGNATURE  OFFICIERS AND DIRECTORS IN 12  12. TITLE  SIGNATURE  STREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE  15.		THORNE HELLEN ON ( )	•	83						
11. Pursuant to the provisions of Sections 817.0502 and 617.1508, Fiorida 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 privated name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. Immediately the registered agent and title if applicable.  14. TITLE  15. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. Immediately the registered agent and title if applicable.  15. OFFICERS AND DIRECTORS IN 12.  15. Immediately the registered agent and title if applicable.  15. Immediately the registered agent and title if applicable.  16. OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. Immediately the registered agent and title if applicable.  18. Immediately the registered agent and title if applicable.  19. Immediately the registered agent agent and title applicable.  19. Immediately the registered agent agent and title applicable.  19. Immediately the registered agent	IAITAIAIL I F	33133						as Zio C		
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Signature, Speed or printed rame of registered agent and stile if applicable. (NOTE: Registered Agent Agenture required streen recitation) Unit:    12	agent. I ai	m ramiliar with, and accept the obligation	ons of, Section 617.0303, Florida	Giaiules.						
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14.   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				6.4 CITY-ST-ZIP						
	14.   hereby c	certify that the information supplied with	h this filing does not qualify for the	e exemption state	d in Section 119	9.07(3)(i), Florida Statutes.	I further cert	ify that the in	formation	

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 at 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.