

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90114 050 \*\*\*\*61.25

**DOCUMENT # N42890**

1. Entity Name

**COCO VILLAGE TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3104 SHIPPING AVE.  
 UNIT "C"  
 COCONUT GROVE FL 33133  
 US

3104 SHIPPING AVE.  
 UNIT "C"  
 COCONUT GROVE FL 33133-4435  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0283479

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISENBURG, NEIL  
 3102 SHIPPING AVE.  
 UNIT "A"  
 MIAMI FL 33133

Name **Rahul P. Ranadive**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3104 D Shipping Ave**  
 City **Miami** FL Zip Code **33133**

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.

SIGNATURE

*Ranadive*

**Rahul P. Ranadive**

**4/7/00**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EISENBURG, NEIL	
STREET ADDRESS	3102 SHIPPING AVE #A	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AANADIJE, RAHUL	
STREET ADDRESS	3104 SHIPPING AVE., UNIT "D"	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOPKA, MARILYN	
STREET ADDRESS	3104 SHIPPING AVE., UNIT "C"	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HILL, SHEILA	
STREET ADDRESS	3102 SHIPPING AVE #B	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tyson C. LEWIS	
STREET ADDRESS	3102 Shipping Ave #A	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ranadive, Rahul	
STREET ADDRESS	3104 shipping Ave #D	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, GUZMAN	
STREET ADDRESS	3102 Shipping Ave #B	
CITY-ST-ZIP	Miami, FL 3313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

**SIGNATURE REQUIRED**

*Ranadive*

**4/7/00**

**305-789-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Rahul P. Ranadive**