


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N42890

1. Entity Name
COCO VILLAGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business 3104 SHIPPING AVE. UNIT "D" COCONUT GROVE, FL 33133 US	Mailing Address 3104 SHIPPING AVE. UNIT "D" COCONUT GROVE, FL 33133 US
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01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0283479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANADIVE, RAHUL P
 3104 D SHIPPING AVE
 MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE

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, 2004**

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

000000055019
 02/17/04-80020-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANADIVE, RAHUL 3104 SHIPPING AVE., UNIT "D" COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOPKA, MARILYN 3104 SHIPPING AVE., UNIT "C" COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, JAVIER 3102 SHIPPING AVE #B MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SELTZER, DAVID 10750 NW 6TH COURT MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 my address, with all other like empowered.

SIGNATURE:  **1/8/04** **305-789-8990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #