


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # N42890 1. Entity Name COCO VILLAGE TOWNHOMES ASSOCIATION, INC.	
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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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01072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0283479	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RANADIVE, RAHUL
STREET ADDRESS	3104 SHIPPING AVE., UNIT "D"
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	PD
NAME	SOPKA, MARILYN
STREET ADDRESS	3104 SHIPPING AVE., UNIT "C"
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	SD
NAME	ROWELL, JULIA
STREET ADDRESS	3102 8 SHIPPING AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VPD
NAME	SELTZER, DAVID
STREET ADDRESS	10750 NW 6TH COURT
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80026-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ranadive, Treas.* 1/6/06 305-510-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #