
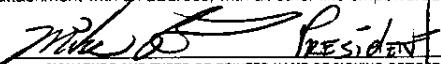


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90077 024 \*\*\*\*61.25

<b>DOCUMENT # N93000003475</b>					
1. Entity Name COCONUTS AT BONAVENTURE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business %GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE., STE 110 WESTON, FL 33331		Mailing Address %GABLES PROPERTY MANAGEMENT, INC. 3300 CORPORATE AVE., STE 110 WESTON, FL 33331			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0430072	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RANDALL ROGER & ASSOCIATES 112 ROSE DRIVE FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, MIKE		NAME	Burns, Mike	
STREET ADDRESS	74 SIMONTON CIRCLE		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JOY		NAME	Marks, Joy	
STREET ADDRESS	64 SIMONTON CIRCLE		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIFEDE, CHUCK		NAME	Difede, Chuck	
STREET ADDRESS	16688 HEMINGWAY DRIVE		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVICH, THOMAS		NAME	Popovich, Thomas	
STREET ADDRESS	72 SIMONTON CIRCLE		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, PATTI		NAME	Sherman, Patricia	
STREET ADDRESS	SIMONTON CIRCLE		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33331	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 4-12-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		